

# “Staying Healthy” Assessment Counseling and Resource Guide

[Click here to proceed to the Table of Contents](#)

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## Table of Contents

Clicking on a chapter heading or page numbers will take the reader to the appropriate location in the Guide.

	<u>Pages</u>
Introduction	2-4
“Staying Healthy” Assessment Questionnaires with Brief Talking Points	
0-3 Years	6-9
4-8 Years	10-13
9-11 Years	14-17
12-17 Years	18-22
18+ Years	23-26
Patient Education and Counseling	
	<div style="display: flex; justify-content: space-between; font-weight: bold;"> <span><u>Counseling</u></span> <span><u>Background</u></span> <span><u>Resources</u></span> </div>
U.S. Preventive Services Task Force Recommendations	28-30
Alcohol and Drug Use	31-33      33      34-37
Complementary and Alternative Health Care	38      38      39-41
Dental Health	
Early Childhood Caries	42-44      42      45-47
Brushing and Preventive Dental Care	42-44      44      47-48
Nutrition	54-59
Breastfeeding	49      49-50      60-61
Calcium	50-51      51      62
Fats	51-52      52      63
Fruits and Vegetables	52      52-53      63-65
Weight	53-54      54      65-66
Physical Activity	67-68      69      69-70
Pregnancy Prevention	71-73      73-74      74-77
Psychosocial Adjustment	80
Home and School Problems	78      79      81
Depression	78-79      79      82-83
Safety	92-94
Automobile/Traffic Safety	84-85      85      94
Bicycling/Skating	85      85-86
Burns	86      86-87
Choking	87      87      95
Drowning	87      87-88      95-96
Falls	88      88      96
Poisoning	88      88-89      96-97
Sudden Infant Death Syndrome (SIDS)	89      89      98-99
Sun Exposure	89      89-90      99-100
Weapons	90      90-91      100-101
Sexually Transmitted Diseases and HIV Prevention	103-105      105      106-113
Tobacco	
Second Hand Smoke	114      116-118      118-119
Personal Tobacco Use	114-115      116-118      119-124
Violence Prevention	
Physical Violence	125-127      127-128      128-129
Sexual Violence	125-127      128      128-129
References	130-134

## Introduction

A great many patients are at high risk for disease due to lifestyle and behavior. By one estimate, approximately half of all deaths in the United States are premature and preventable. Most premature deaths are attributable to unhealthy lifestyle choices—such as use of tobacco and drugs, poor diet, lack of physical activity, and unsafe behavior.<sup>1</sup> The burden of suffering and financial cost attributable to these same factors is staggering. For these reasons, the U.S. Preventive Services Task Force has stated that improvements in lifestyle and behavior have great potential for increasing longevity and quality of life.<sup>2,3</sup>

“Interventions that address patients’ personal health practices are vitally important. Effective interventions that address personal health practices are likely to lead to substantial reductions in the incidence and severity of the leading causes of disease and disability in the United States. Primary prevention as it relates to such risk factors as smoking, physical inactivity, poor nutrition, alcohol and other drug abuse, and inadequate attention to safety precautions holds greater promise for improving overall health than many secondary prevention measures such as routine screening for early disease. Therefore, clinician counseling that leads to improved personal health practices may be more valuable to patients than conventional clinical activities such as diagnostic testing.”<sup>3</sup>

In addition to prescribing medications and performing tests, health care providers can help patients lead healthier lives. Health care providers remain the most trusted source of health information for patients, more so than television, magazines, the Internet, or even friends.<sup>4,5</sup> Studies have shown that patients desire advice from health care providers on a broad range of lifestyle topics.<sup>6,7</sup> Even a few words of well chosen advice from a provider can help a small, but significant percentage of patients change for the better.<sup>8-10</sup> More extensive counseling by providers and counseling specialists can help substantially larger percentages change for the better, although the process is usually not quick. Patients, like people everywhere, change lifestyles slowly, with frequent false starts and relapses.<sup>11</sup> Health care providers, through engaging patients in dialogue and providing continued information, support, and encouragement, can help patients navigate this challenge.

Unfortunately, many health care providers do not routinely assess patients’ needs for advice or counseling about lifestyle and behaviors.<sup>12,13</sup> There are many understandable reasons for this, such as the need to treat acute illnesses first, lack of knowledge about counseling and referral, and lack of office tools for assistance. The *Staying Healthy Assessment* is a two-page behavioral risk factor questionnaire designed to address the latter barrier. It was designed by the California Department of Health Services with a consortium of Medi-Cal health plans. Providers can use patients’ responses to the questionnaire to target counseling or appropriate referral to treatment programs for any of the 11 major behavioral risk factor areas covered in the questionnaire.

## **About This Guide**

The “Staying Healthy” Assessment Counseling and Resource Guide is designed to give providers advice and resources for carrying out this important task of behavioral risk factor counseling. It is not intended to prescribe practice and every provider must determine the best interventions based on the unique needs of individual patients and the patient population. Care has been taken to only include counseling recommendations that have been formulated by major federal, state, or professional organizations based upon evidence-based reviews of scientific studies. Counseling for behavior change modification is, however, an area of ongoing development and recommendations change frequently. The provider is urged to consult local experts and to maintain current knowledge of the literature.

The suggested follow-up questions and brief talking points were formulated in collaboration with staff from a consortium of Medi-Cal managed care plans. These provide basic guidance on questions and issues that it may be beneficial to address with patients who have been identified as potentially at disease risk because of answer(s) on the assessment questionnaire.

The resources identified in this Guide have been compiled through consultation with Department of Health Services (DHS) programs with expertise in the topics addressed. Where possible, DHS-produced or DHS-sponsored materials have been cited. However, in some areas it has been necessary to turn to other departments of California government or federal agencies. Listing of non-DHS materials is provided for information purposes only and should not be interpreted as endorsement of these materials by DHS. Also, some DHS materials may not be continuously available for ordering due to supply and contractual factors. Currently, electronic links are provided to order forms for tobacco, HIV/AIDS, and STD education resources. Electronic links to order forms for other types of health education resources may be developed in the future. When available, electronic links have been provided to on-line copies of publications and additional links will be provided to on-line publications as they become available.

The listing of health education resources and materials in this Guide does not assure their appropriateness for Medi-Cal populations or for individual members. Medi-Cal managed care plans are responsible for ensuring the readability and cultural and linguistic appropriateness of health education resources and materials for their member population. Health plans and local health departments have excellent additional resources and providers are urged to utilize these resources in combination with the Guide.

## **How to Navigate This Guide**

This Guide can be easily navigated through the Table of Contents on page 1. Clicking on a chapter heading in the Table of Contents (such as Physical Activity) will take the user to the beginning of that chapter in the text. Clicking on the page numbers of a subsection heading of a chapter (such as counseling, background, or resources) will take the user to the beginning of that particular subsection for that chapter. Also, the Staying Healthy Assessment questionnaires (provided on pages 6-24) can be used to navigate this guide. When clicking on a question within the questionnaires the user is taken directly to the portion of the Guide in which follow-up questions, counseling suggestions, and resources for that question are provided. This Guide can also be manually navigated by using the page numbers provided in the Table of Contents.

## **Questions**

Questions regarding this Guide should be directed to the Office of Clinical Preventive Medicine, 714 P Street, Room 1292, Sacramento, CA 95814 or e-mail [OCPM@dhs.ca.gov](mailto:OCPM@dhs.ca.gov). Questions regarding the “*Staying Healthy*” Assessment questionnaires should be directed to Marilyn Schuyler, Office of Clinical Standards and Quality, 714 P Street, Room 940, Sacramento, CA 95814 or e-mail [mschuyle@dhs.ca.gov](mailto:mschuyle@dhs.ca.gov).

## “Staying Healthy” Assessment Questionnaires

### with Brief Talking Points

*This section contains English copies of the “Staying Healthy” Assessment questionnaires for each of the five different age groups. Suggested brief talking points are listed after each questionnaire. These talking points are not intended to address all needed counseling issues, but only to serve as starting points for discussions with patients. More comprehensive advice (follow-up questions, counseling suggestions) and background information can be obtained for each question by consulting the Patient Education and Counseling section of this Guide.*

***Clicking anywhere on a question with a mouse will immediately link you to the appropriate Patient Education and Counseling section of this Guide.***

## “STAYING HEALTHY” ASSESSMENT Children, 0–3 years of age

### Patient Stamp

Patient Number

Plan Name/Number

If patient stamp not used, write in Patient and Plan Name/Number

Child's name (first, last)	Date of birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Today's date	<b>For Clinical Use</b>
Your name	Relationship to child <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Other			<b>Assistance needed:</b> <b>Reading:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Interpreter:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>You and your child's health care team can work together towards better health. Please answer these questions as best you can. You may check (✓) "Skip" if you do not know an answer or do not wish to answer. You may talk with your provider about any questions. Your answers will be protected as part of your child's medical record.</i>				Annual Review Date/Initials
<b>Sample Question and Answer: Does your child go to preschool?</b>			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip	Interventions Code/Date/Initials
<b>Does Your Home Have:</b>				
1. A working smoke detector?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip			
2. Water that comes from the faucet hot enough to burn your child?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Skip			
3. Window guards and stair gates above the first floor?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip			
4. Cleaning supplies, medicines, and matches in a locked cabinet?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip			
5. Syrup of Ipecac (the medicine used to cause vomiting) and the Poison Control phone number for emergencies?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip			
<b>Do You:</b>				
6. Always put your child to sleep on his/her back, if younger than 12 months of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip			
7. Ever put your child to sleep with a bottle of juice, milk, or soda?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Skip			
8. Make sure your child's teeth are brushed every day?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip			
9. Always stay with your child when she/he is in the bathtub?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip			
10. Always put your child in a car seat and seat belt in the back seat of a car?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip			
11. Always walk around your car to check for children before backing out?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip			

#### For Clinical Use

**Intervention Codes:** C: Counseling EM: Educational Materials R: Referral F: Follow-up Needed SPN: See Progress Notes

				<i>For Clinical Use</i>		
				<b>Interventions Code/Date/Initials</b>		
	<b>Does Your Child:</b>					
12.	Receive health care from anyone besides a medical doctor (such as an acupuncturist, herbalist, curandero, or other healer)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Skip		
13.	Breastfeed?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Skip		
14.	Drink formula, milk, or eat yogurt at least 2 times each day?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Skip		
15.	Eat fruits and vegetables every day?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Skip		
16.	Eat foods that may cause choking such as nuts, popcorn, hotdogs, whole grapes, or hard candy?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Skip		
17.	Spend time at a house or apartment complex with a swimming pool or hot tub?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Skip		
18.	Spend time in a home where a gun is kept?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Skip		
19.	Spend time in a home with anyone who smokes?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Skip		
20.	Often spend time outdoors without sunscreen or other protection such as a hat or shirt?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Skip		
21.	Has your child ever witnessed or been a victim of abuse or violence?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Skip		
22.	<b>Do you have other questions or concerns about your child's health?</b> (Please identify) _____ _____ _____ _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Skip		
<p align="center"><i>For Clinical Use</i></p> <p><b>Intervention Codes: C: Counseling EM: Educational Materials R: Referral F: Follow-up Needed SPN: See Progress Notes</b></p>						

**Privacy Statement**

The Information Practices Act of 1977 (California Civil Code 1798) and the Federal Privacy Act (5 USC 552a, Subdivision (E)(3)) require this notice to be provided when collecting personal information from individuals. The information on this form is requested by your health care provider, health plan, and the Department of Health Services for purposes of providing health education services. Furnishing the information requested on this form is optional for the patient. Failure to provide the information requested will not result in any negative consequence for the patient. Information collected on this form is to be maintained in the patient's medical record, and is subject to the same medical and legal protection as other information maintained in the patient's medical record. State law and regulation including reporting requirements and protection of patient confidentiality applies to all information identified on this form. Within the constraints of these laws and regulations, certain information collected on this form may be transferred to state and local governmental and regulating agencies, contracted health plans, and health care providers.

## **Brief Talking Points – Children 0-3 years of age**

1. **Does your home have a working smoke detector?**
  - Encourage all patients to obtain smoke detectors for their homes.
  - Advise on importance of checking/changing batteries every year.
  - Advise on importance of having family escape plan.
2. **Does your home have water that comes from the faucet hot enough to burn your child?**
  - Advise that temperature of water should not be hotter than 120 degrees.
  - Discuss toddler curiosity and accidental burns.
  - Advise to check the temperature of the water before placing your child in a bath.
3. **Does your home have window guards and stair gates above the first floor?**
  - Advise on importance of windows and guards and stair gates because falls are one of the leading causes of injury to children under age 3.
4. **Does your home have medicine, cleaning supplies and matches in a locked cabinet?**
  - Advise on importance of keeping harmful substances in a locked cabinet due to accidental poisonings.
  - Review age appropriate safety tips.
5. **Does your home have syrup of Ipecac and the Poison Control number for emergencies?**
  - Advise on importance and appropriate use of Syrup of Ipecac.
  - Provide parent with Poison Control number.
6. **Do you always put your child to sleep on his/her back, if younger than 12 months of age?**
  - Counsel on importance of placing child to sleep on his/her back during the first year of life (SIDS).
  - Counsel parent on other safety issues, such as keeping stuffed animals, extra blankets, and pillows away from infants' heads while in the crib.
7. **Do you ever put your child to sleep with a bottle of juice, milk, or soda?**
  - Counsel on baby bottle tooth decay.
8. **Do you make sure your child's teeth are brushed every day?**
  - Discuss importance of developing healthy teeth habits at a very early age.
  - Counsel parent on proper dental care (fluoride, brushing, and regular dental visits).
9. **Do you always stay with your child when he/she is in the bathtub?**
  - Counsel parent to never leave child alone in the bathtub due to possible scalding or drowning.
10. **Do you always put your child in a car seat and seat belt in the back seat of your car?**
  - Advise regarding importance, legal requirement, and proper use of child safety (if child is under 40 pounds) and seat belts.
11. **Do you walk around your car to check for children before backing out?**
  - Advise that it is necessary to physically walk around the car and look for children before backing out because it is impossible to see a young child behind the car from a rear view mirror.
12. **Does your child receive medical care from anyone beside a medical doctor?**
  - Explain your role as primary care provider.
  - Discuss if there appears to be concern regarding accepted medical practices or teaching, and any alternative medical treatment or advice patient is receiving, including home or herbal remedies.
  - Advise the parent to call the 800# for plan if he/she cannot reach you (discuss overuse of Emergency room if appropriate).

13. **Does your child breastfeed?**
  - Encourage mother to continue to breastfeed emphasizing the benefits to the child.
  - Address patient's difficulties or concerns regarding breastfeeding.
  - Counsel on effective strategies to wean the child to formula if planning to discontinue to breastfeed.
14. **Does your child drink formula, milk, or eat yogurt at least 2 times a day?**
  - Discuss importance of calcium in child's diet.
  - Discuss problems with children drinking too much milk (anemia and failure to thrive).
  - Discuss alternative sources of calcium (broccoli, fortified cereals and grains, fortified orange juice, and spinach) for children who are lactose intolerant.
15. **Does your child eat fruits and vegetables every day?**
  - Counsel on importance of balanced diet including fruits and vegetables.
  - Help parent identify appealing ways to interest child in fruits and vegetables.
16. **Does your child eat foods that may cause choking such as nuts, popcorn, hot-dogs, whole grapes, or hard candy?**
  - Counsel on dangers of foods or small objects that can become lodged in a child's throat.
  - Counsel on steps to take if child starts choking.
17. **Does your child spend time at a house or apartment complex with a swimming pool or hot tub?**
  - Never leave a child unsupervised around a pool or other body of water, even if the child has had swimming lessons, due to the high incidence of accidental drowning in this age group.
18. **Does your child spend time in a home where a gun is kept?**
  - Advise on dangers of having a loaded gun in the home.
  - Keep guns and ammunition locked in separate places away from child's access.
19. **Does your child spend time in a home where anyone smokes?**
  - Advise parent of relationship of second hand smoke to health problems in children (ear infections, asthma, etc.).
  - Discuss strategies for reducing second hand smoke, including asking smoker not to smoke in the home or car.
20. **Does your child often spend time outdoors without sunscreen or other protection such as a hat or shirt?**
  - Advise of need to use sunscreen of SPF 15 or more and to wear protective clothing at all times. Avoid using baby oil, mineral oil, or tanning oil.
  - Discuss dangers of early sun damage to skin and the susceptibility to skin cancers later in life.
21. **Has your child ever witnessed or been a victim of abuse or violence?**
  - Advise parent of need to report any suspicion of physical or sexual abuse or violence.
  - More in-depth assessment and counseling may be required.
  - Follow reporting procedures established by state and local authorities.

## “STAYING HEALTHY” ASSESSMENT Children, 4–8 years of age

### Patient Stamp

\_\_\_\_\_  
Patient Number

\_\_\_\_\_  
Plan Name/Number

*If patient stamp not used, write in Patient and Plan Name/Number*

Child's name (first, last)	Date of birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Today's date	<b><i>For Clinical Use</i></b>
Your name	Relationship to child <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Other			<b>Assistance needed:</b> <b>Reading:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Interpreter:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b><i>You and your child's health care team can work together towards better health. Please answer these questions as best you can. You may check (✓) “Skip” if you do not know an answer or do not wish to answer. You may talk with your provider about any questions. Your answers will be protected as part of your child's medical record.</i></b></p>				Annual Review Date/Initials
<b><i>Sample Question and Answer: Does your child play sports?</i></b>			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip	Interventions Code/Date/Initials
<b>Does Your Home Have:</b>				
1. A working smoke detector?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip			
2. Water that comes from the faucet hot enough to burn your child?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Skip			
3. Window guards above the first floor?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip			
4. Cleaning supplies, medicines, and matches in a locked cabinet?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip			
5. Syrup of Ipecac (the medicine used to cause vomiting) and the Poison Control phone number for emergencies?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip			
<b>Does Your Child:</b>				
6. Receive health care from anyone besides a medical doctor (such as an acupuncturist, herbalist, curandero, or other healer)?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Skip			
7. See the dentist at least once a year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip			
8. Drink milk or eat yogurt or cheese at least 2 times each day?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip			
9. Eat at least 5 servings of fruits or vegetables each day?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip			
10. Eat only a limited amount of fried or fast foods?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip			

***For Clinical Use***

**Intervention Codes:** C: Counseling EM: Educational Materials R: Referral F: Follow-up Needed SPN: See Progress Notes

				<i>For Clinical Use</i>		
				<b>Interventions Code/Date/Initials</b>		
<b>Does Your Child:</b>						
11.	Play actively 5 days a week?	<input type="button" value="Yes"/>	<input type="button" value="No"/>	<input type="button" value="Skip"/>		
12.	Need to lose or gain weight?	<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="Skip"/>		
13.	Ever play in the street or unsupervised in the front yard?	<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="Skip"/>		
14.	Always wear a seat belt when riding in a car?	<input type="button" value="Yes"/>	<input type="button" value="No"/>	<input type="button" value="Skip"/>		
15.	Always wear a helmet when riding a bike or skateboard?	<input type="button" value="Yes"/>	<input type="button" value="No"/>	<input type="button" value="Skip"/>		
16.	Spend time at a house or apartment complex with a swimming pool or hot tub?	<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="Skip"/>		
17.	Spend time in a home where a gun is kept?	<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="Skip"/>		
18.	Spend time in a home with anyone who smokes?	<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="Skip"/>		
19.	Often spend time outdoors without sunscreen or other protection such as a hat or shirt?	<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="Skip"/>		
<b>Has Your Child:</b>						
20.	Ever witnessed or been a victim of abuse or violence?	<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="Skip"/>		
21.	Had any problems at home or school?	<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="Skip"/>		
22.	<b>Do you have other questions or concerns about your child's health?</b>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="Skip"/>		
(Please identify) _____						
_____						
_____						
_____						

<i>For Clinical Use</i>						
<b>Intervention Codes:</b>	<b>C: Counseling</b>	<b>EM: Educational Materials</b>	<b>R: Referral</b>	<b>F: Follow-up Needed</b>	<b>SPN: See Progress Notes</b>	

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## **Brief Talking Points – Children 4-8 years of age**

1. **Does your home have a working smoke detector?**
  - Encourage all patients to obtain smoke detectors for their homes.
  - Advise on importance of checking/changing batteries every year.
  - Advise on importance of having family escape plan.
2. **Does your home have water that comes from the faucet hot enough to burn your child?**
  - Advise that temperature of water should not be hotter than 120 degrees.
  - Discuss toddler curiosity and accidental burns.
  - Advise to check the temperature of the water before placing your child in a bath.
3. **Does your home have window guards and stair gates above the first floor?**
  - Advise on importance of windows and guards and stair gates because falls are one of the leading causes of injury to children.
4. **Does your home have medicine, cleaning supplies and matches in a locked cabinet?**
  - Advise on importance of keeping harmful substances in a locked cabinet due to accidental poisonings.
  - Review age appropriate safety tips.
5. **Does your home have syrup of Ipecac and the Poison Control number for emergencies?**
  - Advise on importance and appropriate use of Syrup of Ipecac.
  - Provide parent with Poison Control number.
6. **Does your child receive health care from anyone beside a medical doctor?**
  - Explain your role as primary care provider.
  - Discuss if there appears to be concern regarding accepted medical practices or teaching and any alternative medical treatment or advice patient is receiving, including home or herbal remedies.
  - Advise the parent to call the 800# for plan if he/she cannot reach you (discuss overuse of Emergency room if appropriate).
7. **Does your child see the dentist once a year?**
  - Counsel the patient about the importance of brushing, flossing, fluoride use, and regular preventive check-ups.
  - Counsel parent on proper dental care (fluoride, brushing, and regular dental visits).
8. **Does your child drink milk, or eat yogurt at least 2 times a day?**
  - Discuss importance of calcium in child's diet.
  - Discuss alternative sources of calcium (broccoli, fortified cereals and grains, fortified orange juice, and spinach) for children who are lactose intolerant.
9. **Does your child eat fruits and vegetables every day?**
  - Counsel on importance of balanced diet including fruits and vegetables.
  - Help parent identify appealing ways to interest child in fruits and vegetables.
10. **Does your child eat only a limited amount of fried or fast foods?**
  - Counsel on high fat, high sugar, and high salt content of fast food, sweets, and soda.
  - Advise regarding healthy food substitutes.
11. **Does your child play actively 5 days a week?**
  - Advise on importance of daily physical activity for children.
  - Assist parent to develop plan to limit TV and increase play time.
12. **Does your child need to lose or gain weight?**
  - Identify nature of parents' concern with child's weight.
  - Assist parent and child to develop healthy diet and exercise program.

13. **Does your child ever play in the street or unsupervised in the front yard?**
  - Advise parent of danger to children – playing in or darting into the street.
  - Assist parent to identify safe places and supervised times for children to play.
14. **Does your child always wear a seat belt when riding in a car?**
  - Advise regarding importance, legal requirement and proper use of seat belts.
  - Effective January 1, 2002, California law requires children to be properly secured in child safety seats or car booster seats until they are at least six years old or weigh sixty pounds.
15. **Does your child always wear a bicycle helmet when riding a bike or skateboard?**
  - Advise that all children should wear safety helmets when riding bicycles, skateboarding, or roller skating.
  - Counsel on proper use of helmet – so front of head is adequately covered.
16. **Does your child spend time at a house or apartment complex with a swimming pool or hot tub?**
  - Never leave a child unsupervised around a pool or other body of water, even if the child has had swimming lessons, due to the high incidence of accidental drowning in this age group.
17. **Does your child spend time in a home where a gun is kept?**
  - Advise on dangers of having a loaded gun in the home.
  - Keep guns and ammunition locked in separate places away from child's access.
18. **Does your child spend time in a home where anyone smokes?**
  - Advise parent of relationship of second hand smoke to health problems in children (ear infections, asthma, etc.).
  - Discuss strategies for reducing second hand smoke, including asking smoker not to smoke in the home or car.
19. **Does your child often spend time outdoors without sunscreen or other protection such as a hat or shirt?**
  - Advise of need to use sunscreen of SPF 15 or more and to wear protective clothing at all times. Avoid using baby oil, mineral oil, or tanning oil.
  - Discuss dangers of early sun damage to skin and the susceptibility to skin cancers later in life.
20. **Has your child ever witnessed or been a victim of abuse or violence?**
  - Advise parent of need to report any suspicion of physical or sexual abuse or violence.
  - More in-depth assessment and counseling may be required.
  - Follow reporting procedures established by state and local authorities.
21. **Has your child had any problems at home or school?**
  - Assess nature of problem and evaluate needs of child.

## “STAYING HEALTHY” ASSESSMENT Pre-adolescents, 9–11 years of age

### Patient Stamp

Patient Number

Plan Name/Number

If patient stamp not used, write in Patient and Plan Name/Number

Child's name (first, last)	Date of birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Today's date	<b>For Clinical Use</b>
Your name	Relationship to child <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Other			<b>Assistance needed:</b> <b>Reading:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Interpreter:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<i><b>You and your child's health care team can work together towards better health. Please answer these questions as best you can. You may check (✓) "Skip" if you do not know an answer or do not wish to answer. You may talk with your provider about any questions. Your answers will be protected as part of your child's medical record.</b></i>				Annual Review Date/Initials
<b>Sample Question and Answer: Does your child go to school?</b>			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip	Interventions Code/Date/Initials
<b>Does Your Child:</b>				
1. Receive health care from anyone besides a medical doctor (such as an acupuncturist, herbalist, curandero, or other healer)?			<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Skip	
2. See the dentist at least once a year?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip	
3. Drink milk or eat yogurt or cheese at least 3 times each day?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip	
4. Eat at least 5 servings of fruits or vegetables each day?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip	
5. Eat only a limited amount of fried or fast foods?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip	
6. Play actively 5 days a week?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip	
7. Need to lose or gain weight?			<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Skip	
8. Often feel sad or depressed?			<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Skip	
9. Always wear a helmet when riding a bike or skateboard?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip	
10. Always wear a seatbelt when riding in a car?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip	
11. Spend time in a home where a gun is kept?			<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Skip	

#### For Clinical Use

**Intervention Codes:** C: Counseling EM: Educational Materials R: Referral F: Follow-up Needed SPN: See Progress Notes

				<i>For Clinical Use</i>		
				<b>Interventions Code/Date/Initials</b>		
<b>Does Your Child:</b>						
12.	Spend time with any friends who carry a gun, knife, club, or other weapon?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Skip		
13.	Spend time in a home with anyone who smokes?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Skip		
14.	Often spend time outdoors without sunscreen or other protection such as a hat or shirt?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Skip		
<b>Has Your Child:</b>						
15.	Ever smoked cigarettes or chewed tobacco?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Skip		
16.	Ever had alcohol such as beer, wine, wine coolers, or liquor?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Skip		
17.	Ever smoked marijuana, sniffed glue, or used street drugs?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Skip		
18.	Had friends or family members who had a problem with drugs or alcohol?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Skip		
19.	Started dating or “going with” boyfriends/girlfriends?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Skip		
20.	Become sexually active?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Skip		
21.	Ever been molested or sexually abused?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Skip		
22.	Ever witnessed or been a victim of physical abuse or violence?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Skip		
23.	Had problems at home or school?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Skip		
24.	<b>Do you have other questions or concerns about your child’s health?</b> (Please identify) _____ _____ _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Skip		
<p align="center"><i>For Clinical Use</i></p> <p><b>Intervention Codes: C: Counseling EM: Educational Materials R: Referral F: Follow-up Needed SPN: See Progress Notes</b></p>						

**Privacy Statement**

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## Brief Talking Points – Children 9-11 years of age

1. **Does your child receive health care from anyone beside a medical doctor?**
  - Explain your role as primary care provider.
  - Discuss if there appears to be concern regarding accepted medical practices or teaching and any alternative medical treatment or advice patient is receiving, including home or herbal remedies.
  - Advise the parent to call the 800# for plan if he/she cannot reach you (discuss overuse of Emergency room if appropriate).
2. **Does your child see the dentist once a year?**
  - Counsel the patient about the importance of brushing, flossing, fluoride use, and regular preventive check-ups.
3. **Does your child drink milk, or eat yogurt at least 3 times a day?**
  - Discuss importance of calcium in child's diet.
  - Discuss alternative sources of calcium (broccoli, fortified cereals and grains, fortified orange juice, and spinach) for children who are lactose intolerant.
4. **Does your child eat at least 5 servings of fruits or vegetables each day?**
  - Counsel on importance of balanced diet including fruits and vegetables.
  - Help parent identify appealing ways to interest child in fruits and vegetables.
5. **Does your child eat only a limited amount of fried or fast foods?**
  - Counsel on high fat, high sugar, and high salt content of fast food, sweets, and soda.
  - Advise regarding healthy food substitutes.
6. **Does your child play actively 5 days a week?**
  - Advise on importance of daily physical activity for children.
  - Assist parent to develop plan to limit TV and increase play time.
7. **Does your child need to lose or gain weight?**
  - Identify nature of parents'/child's concern with child's weight.
  - Discuss natural changes during pre-adolescence
  - Discuss dangers of fad diets, diet pills, laxatives, starvation, and vomiting.
  - Counsel on safe ways to lose and maintain a healthy weight through exercise and balanced, nutritious, low fat diet.
8. **Does your child often feel sad or depressed?**
  - Assess further to identify nature of problems and possible causes.
  - Assess if teen has support network including someone he/she can talk with.
  - Assess needs of youth with special needs.
9. **Does your child always wear a helmet when riding a bike or skateboard?**
  - Advise that all children should wear safety helmets when riding bicycles, skateboarding, or roller skating.
  - Counsel on proper use of helmet – so front of head is adequately covered.
10. **Does your child always wear a seat belt when riding in a car?**
  - Advise regarding importance, legal requirement, and proper use of seat belts.
11. **Does your child spend time in a home where a gun is kept?**
  - Advise on dangers of having a loaded gun in the home.
  - Keep guns and ammunition locked in separate places away from child's access.
12. **Does your child spend time with any friends who carry a gun, knife, club or other weapon?**
  - Advise regarding increased risk (2 times higher) of injury or death if a child carries a weapon.
  - Discuss the dangers of associating with gangs (if indicated).

13. **Does your child spend time in a home where anyone smokes?**
  - Advise parent of relationship of second hand smoke to health problems in children (ear infections, asthma, etc.).
  - Discuss strategies for reducing second hand smoke, including asking a smoker not to smoke in the home or car.
14. **Does your child often spend time outdoors without sunscreen or other protection such as a hat or shirt?**
  - Advise of need to use sunscreen of SPF 15 or more and to wear protective clothing at all times. Avoid using baby oil, mineral oil, or tanning oil.
  - Discuss dangers of early sun damage to skin and the susceptibility to skin cancers later in life.
15. **Has your child ever smoked cigarettes or chewed tobacco?**
  - Advise on health consequences, addiction and difficulty of quitting.
  - Assist child with smoking cessation if indicated.
16. **Has your child ever had alcohol such as beer, wine coolers, or liquor?**
  - Assess frequency of alcohol use and patterns of use.
  - Advise on health consequences of drinking and danger of dependency.
  - Offer assistance including referral to alcohol treatment programs, if needed.
17. **Has your child ever smoked marijuana, sniffed glue, or used street drugs?**
  - Assess frequency and patterns of drug use.
  - Counsel on harmful effects of drug use and danger of dependency.
  - Offer assistance including referral to drug treatment, if needed.
18. **Has your child had friends or family members who had a problem with drugs or alcohol?**
  - Discuss parent/child's concerns.
19. **Has your child started dating or "going with" boyfriends/girlfriends?**
  - Provide information on importance of postponing sexual involvement.
  - Provide information on contraception and STD/HIV risk reduction.
20. **Has your child become sexually active?**
  - Provide contraceptive and STD/HIV risk reduction counseling.
21. **Has your child ever been molested or sexually abused?**
  - Further assessment and counseling may be required.
  - Follow reporting procedures established by state and local authorities.
22. **Has your child ever witnessed or been a victim of abuse or violence?**
  - Advise parent of need to report any suspicion of physical or sexual abuse or violence.
  - Further assessment and counseling may be required.
  - Follow normal reporting protocol.
23. **Has your child had any problems at home or school?**
  - Assess nature of problem and evaluate needs of child.

## “STAYING HEALTHY” ASSESSMENT Adolescents, 12–17 years of age

### Patient Stamp

Patient Number \_\_\_\_\_

Plan Name/Number \_\_\_\_\_

If patient stamp not used, write in Patient and Plan Name/Number

Patient's name (first, last)	Date of birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Today's date	<b>For Clinical Use</b>
Name of person completing form (if other than patient)	Relationship <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Other	Assistance needed: Reading: <input type="checkbox"/> Yes <input type="checkbox"/> No Interpreter: <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Annual Review Date/Initials		
<i><b>You and your health care team can work together towards better health. Please answer these questions as best you can. You may check (✓) “Skip” if you do not know an answer or do not wish to answer. You may talk with your provider about any questions. Your answers will be protected as part of your medical record.</b></i>				
<b>Sample Question and Answer: Do you play sports?</b>			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip	<b>Interventions Code/Date/Initials</b>

<b>Do You:</b>			
1. Live at home?	Yes	No	Skip
2. Go to school?	Yes	No	Skip
3. Receive health care from anyone besides a medical doctor (such as an acupuncturist, herbalist, curandero, or other healer)?	No	Yes	Skip
4. See the dentist at least once a year?	Yes	No	Skip
5. Drink milk or eat yogurt or cheese at least 3 times each day?	Yes	No	Skip
6. Eat at least 5 servings of fruits or vegetables each day?	Yes	No	Skip
7. Try to limit the amount of fried or fast foods that you eat?	Yes	No	Skip
8. Exercise or play an active sport 5 days a week?	Yes	No	Skip
9. Think you need to lose or gain weight?	No	Yes	Skip
10. Often feel sad, down, or hopeless?	No	Yes	Skip
11. Always wear a seat belt when riding in a car?	Yes	No	Skip
12. Always wear a helmet when riding a bike or skateboard?	Yes	No	Skip
13. Spend time in a home where a gun is kept?	No	Yes	Skip
14. Spend time in a home with anyone who smokes?	No	Yes	Skip
15. Often spend time outdoors without sunscreen or other protection such as a hat or shirt?	No	Yes	Skip

#### For Clinical Use

**Intervention Codes:** C: Counseling EM: Educational Materials R: Referral F: Follow-up Needed SPN: See Progress Notes

Your answers to questions about sex and family planning cannot be shared with anyone, including your parents, without your special written permission.				For Clinical Use	
				Interventions Code/Date/Initials	
<b>Do you ever:</b>					
16.	Smoke cigarettes or cigars or chew tobacco?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Skip	
17.	Drink alcohol such as beer, wine, wine coolers, or liquor?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Skip	
18.	Drive a car after drinking or ride in a car driven by someone who has been drinking?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Skip	
19.	Use drugs such as marijuana, cocaine, crack, crank, or ecstasy?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Skip	
20.	<b>Have you ever had sex?</b> <i>If "yes," continue to next question. If "no," go to question 26.</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Skip	
21.	Do you think you or your partner could be pregnant?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Skip	
22.	Have you had sex without using birth control in the last year?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Skip	
23.	Do you think you or your partner could have a sexually transmitted disease?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Skip	
24.	Have you or your partner(s) had sex with any other people in the past year?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Skip	
25.	Did you or your partner use a condom the last time you had sex?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Skip	
<b>Have you:</b>					
26.	Ever been forced or pressured to have sex?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Skip	
27.	Ever been hit, slapped, kicked, or physically hurt by someone?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Skip	
28.	Ever carried a gun, knife, club, or other weapon?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Skip	
29.	<b>Do you have other questions or concerns about your health?</b> (Please identify) _____ _____ _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Skip	
<p style="text-align: center;"><b>For Clinical Use</b></p> <p><b>Intervention Codes:</b>   C: Counseling   EM: Educational Materials   R: Referral   F: Follow-up Needed   SPN: See Progress Notes</p>					

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## **Brief Talking Points – Children 12-17 years of age**

1. **Do you live at home?**
  - Assess current living situation especially as it relates to safety and stability.
2. **Do you go to school?**
  - Advise out of school youth that they are especially at risk for alcohol/drug use, unintended pregnancy, STDs/HIV, violence, and abuse.
  - Assess further to identify if teen works, how teen spends time, if he or she would like to go back to school or get training in a job skill.
3. **Do you receive health care from anyone beside a medical doctor?**
  - Explain your role as primary care provider.
  - Discuss if there appears to be concern regarding accepted medical practices or teaching and any alternative medical treatment or advice patient is receiving, including home or herbal remedies.
  - Advise the patient to call the 800# for plan if he/she cannot reach you (discuss overuse of Emergency room if appropriate).
4. **Do you see the dentist once a year?**
  - Counsel the patient about the importance of brushing, flossing, fluoride use, and regular preventive check-ups.
  - Counsel patient on proper dental care (fluoride, brushing, and regular dental visits).
5. **Do you drink milk, or eat yogurt at least 3 times a day?**
  - Discuss importance of calcium in patient's diet.
  - Discuss alternative sources of calcium (broccoli, fortified cereals and grains, fortified orange juice, and spinach) for children who are lactose intolerant.
6. **Do you eat at least 5 servings of fruits or vegetables each day?**
  - Counsel on importance of balanced diet including fruits and vegetables.
7. **Do you eat only a limited amount of fried or fast foods?**
  - Counsel on high fat, high sugar, and high salt content of fast food, sweets, and soda.
  - Advise regarding healthy food substitutes.
8. **Do you exercise or play an active sport 5 days a week?**
  - Advise on importance of daily physical activity for teens.
  - Assess how many hours he/she spends watching TV.
9. **Do you think you need to lose or gain weight?**
  - Identify nature of teen's concern with weight.
  - Discuss natural changes during pre-adolescence
  - Discuss dangers of fad diets, diet pills, laxatives, starvation, and vomiting.
  - Counsel on safe ways to lose and maintain a healthy weight through exercise, and balanced, nutritious, low fat diet.
10. **Do you often feel sad or depressed?**
  - Assess further to identify nature of problems and possible causes.
  - Assess if teen has support network including someone he/she can talk with.
  - Assess needs of youth with special needs.
11. **Do you always wear a seat belt when riding in a car?**
  - Advise regarding importance, legal requirement, and proper use of seat belts.
12. **Do you always wear a helmet when riding a bike or skateboard?**
  - Advise that all everyone should wear safety helmets when riding bicycles, skateboarding or roller-skating.
  - Counsel on proper use of helmet – so front of head is adequately covered.

13. **Do you spend time in a home where a gun is kept?**
  - Advise on dangers of having a loaded gun in the home.
  - Keep guns and ammunition locked in separate places away from child's access.
14. **Do you spend time in a home where anyone smokes?**
  - Advise of relationship of second hand smoke to health problems (ear infections, asthma, etc.).
  - Discuss strategies to prevent second hand smoke including asking smoker not to smoke in the home or car.
15. **Do you often spend time outdoors without sunscreen or other protection such as a hat or shirt?**
  - Advise of need to use sunscreen of SPF 15 or more and to wear protective clothing at all times. Avoid using baby oil, mineral oil, or tanning oil.
  - Discuss dangers of early sun damage to skin and the susceptibility to skin cancers later in life.
16. **Do you ever smoke cigarettes or chew tobacco?**
  - Advise on health consequences, addiction and, difficulty of quitting.
  - Assist teen with smoking cessation if indicated.
17. **Do you drink alcohol such as beer, wine coolers, or liquor?**
  - Assess frequency of alcohol use and patterns of use.
  - Advise on health consequences of drinking and danger of dependency.
  - Offer assistance including referral to alcohol treatment programs, if needed.
18. **Do you drive a car after drinking or ride in a car driven by someone who has been drinking?**
  - Counsel on importance of assigning a "designated driver."
  - Counsel on importance of avoiding drinking and driving or riding in a vehicle driven by someone who has been drinking.
19. **Do you use drugs such as marijuana, cocaine, crack, crank, or ecstasy?**
  - Assess frequency and patterns of drug use.
  - Counsel on harmful effects of drug use and danger of dependency.
  - Offer assistance including referral to drug treatment, if needed.
20. **Have you ever had sex?**
  - Provide information on importance of postponing sexual involvement.
  - Provide information on contraception and STD/HIV risk reduction.
  - Advise that services are confidential.
21. **Do you think you or your partner could be pregnant?**
  - Provide patient with pregnancy test and in-depth birth control counseling, as appropriate.
  - Counsel on family planning alternatives, if needed.
22. **Have you had sex without using birth control in the last year?**
  - Provide patient with in-depth birth control and STD/HIV risk reduction counseling.
  - Discuss important factors affecting effective use of birth control (consistency, proper use, comfort, communication with partner, etc.)
23. **Do you think you or your partner could have a sexually transmitted disease?**
  - Provide patient with STD/HIV test and in-depth risk reduction counseling, as appropriate.
  - Advise patient of right to receive confidential STD/HIV testing/counseling services.
24. **Have you or your partner(s) had sex with any other people in the last year?**
  - Provide patient with in-depth birth control and STD/HIV risk reduction counseling.
25. **Did you or your partner use a condom the last time you had sex?**
  - Provide patient with in-depth birth control and STD/HIV risk reduction counseling.
  - Discuss important factors affecting effective use of birth control (consistency, proper use, comfort, communication with partner, etc.).

26. **Have you ever been forced or pressured to have sex?**
- Further assessment and counseling may be required.
  - Follow reporting procedures established by the state and local authorities.
27. **Have you ever been hit, slapped, kicked, or physically hurt by someone?**
- Further assessment and counseling may be required.
  - Follow reporting procedures established by the state and local authorities.
28. **Have you ever carried a gun, knife, club, or other weapon?**
- Advise regarding increased risk (2 times higher) of injury or death if he or she carries a weapon.
  - Discuss the dangers of associating with gangs (if indicated).

## “STAYING HEALTHY” ASSESSMENT Adults, 18 years of age and older

### Patient Stamp

Patient Number \_\_\_\_\_

Plan Name/Number \_\_\_\_\_

If patient stamp not used, write in Patient and Plan Name/Number

Patient's name (first, last)	Date of birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Today's date	<b>For Clinical Use</b> Assistance needed: Reading: <input type="checkbox"/> Yes <input type="checkbox"/> No Interpreter: <input type="checkbox"/> Yes <input type="checkbox"/> No
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***You and your health care team can work together towards better health. Please answer these questions as best you can. You may check (✓) “Skip” if you do not know an answer or do not wish to answer. You may talk with your provider about any questions. Your answers will be protected as part of your medical record.***

**Annual Review  
Date/Initials**

**Sample Question and Answer:** Do you play sports?

☒ Yes    ☐ No    ☐ Skip

**Interventions  
Code/Date/Initials**

### Do You:

- |  |                              |                              |                               |  |
|--|------------------------------|------------------------------|-------------------------------|--|
| 1. Receive health care from anyone besides a medical doctor (such as an acupuncturist, herbalist, curandero, or other healer)? | <input type="checkbox"/> No  | <input type="checkbox"/> Yes | <input type="checkbox"/> Skip |  |
| 2. See the dentist at least once a year?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No  | <input type="checkbox"/> Skip |  |
| 3. Drink milk or eat yogurt or cheese at least 3 times each day?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No  | <input type="checkbox"/> Skip |  |
| 4. Eat at least 5 servings of fruits or vegetables each day?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No  | <input type="checkbox"/> Skip |  |
| 5. Try to limit the amount of fried or fast foods that you eat?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No  | <input type="checkbox"/> Skip |  |
| 6. Exercise or do moderate physical activity such as walking or gardening 5 days a week?                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No  | <input type="checkbox"/> Skip |  |
| 7. Think you need to lose or gain weight?  | <input type="checkbox"/> No  | <input type="checkbox"/> Yes | <input type="checkbox"/> Skip |  |
| 8. Often feel sad, down, or hopeless?  | <input type="checkbox"/> No  | <input type="checkbox"/> Yes | <input type="checkbox"/> Skip |  |
| 9. Have friends or family members that smoke in your home?   | <input type="checkbox"/> No  | <input type="checkbox"/> Yes | <input type="checkbox"/> Skip |  |
| 10. Often spend time outdoors without sunscreen or other protection such as a hat or shirt?                                    | <input type="checkbox"/> No  | <input type="checkbox"/> Yes | <input type="checkbox"/> Skip |  |

### For Clinical Use

**Intervention Codes:** C: Counseling EM: Educational Materials R: Referral F: Follow-up Needed SPN: See Progress Notes

Your answers to questions about alcohol and drug use cannot be released to others without your special written permission.		For Clinical Use Interventions Code/Date/Initials
<b>Do you:</b>		
11. Smoke cigarettes or cigars or use any other kinds of tobacco?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Skip	
12. Use any drugs or medicines to go to sleep, relax, calm down, feel better, or lose weight?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Skip	
13. Often have more than 2 drinks containing alcohol in one day?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Skip	
14. Think you or your partner could be pregnant?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Skip	
15. Think you or your partner could have a sexually transmitted disease?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Skip	
<b>Have You:</b>		
16. Or your partner(s) had sex without using birth control in the last year?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Skip	
17. Or your partner(s) had sex with other people in the past year?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Skip	
18. Or your partner(s) had sex without a condom in the past year?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Skip	
19. Ever been forced or pressured to have sex?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Skip	
20. Ever been hit, slapped, kicked, or physically hurt by someone?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Skip	
21. <b>Do you have other questions or concerns about your health?</b> (Please identify) _____ _____ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Skip	
<b>For Clinical Use</b> <b>Intervention Codes: C: Counseling EM: Educational Materials R: Referral F: Follow-up Needed SPN: See Progress Notes</b>		

#### Privacy Statement

The Information Practices Act of 1977 (California Civil Code 1798) and the Federal Privacy Act (5 USC 552a, Subdivision (E)(3)) require this notice to be provided when collecting personal information from individuals. The information on this form is requested by your health care provider, health plan, and the Department of Health Services for purposes of providing health education services. Furnishing the information requested on this form is optional for the patient. Failure to provide the information requested will not result in any negative consequence for the patient. Information collected on this form is to be maintained in the patient's medical record, and is subject to the same medical and legal protection as other information maintained in the patient's medical record. State law and regulation including reporting requirements and protection of patient confidentiality applies to all information identified on this form. Within the constraints of these laws and regulations, certain information collected on this form may be transferred to state and local governmental and regulating agencies, contracted health plans, and health care providers.

## Brief Talking Points – 18 years and older

1. **Do you receive health care from anyone beside a medical doctor?**
  - Explain your role as primary care provider.
  - Discuss if there appears to be concern regarding accepted medical practices or teaching and any alternative medical treatment or advice patient is receiving, including home or herbal remedies.
  - Advise the patient to call the 800# for plan if he/she cannot reach you (discuss overuse of Emergency room if appropriate).
2. **Do you see the dentist once a year?**
  - Counsel the patient about the importance of brushing, flossing, fluoride use, and regular preventive check-ups.
3. **Do you drink milk, or eat yogurt at least 3 times a day?**
  - Discuss importance of calcium in patient's diet.
  - Discuss alternative sources of calcium (broccoli, fortified cereals and grains, fortified orange juice, and spinach) for those who are lactose intolerant.
4. **Do you eat at least 5 servings of fruits or vegetables each day?**
  - Counsel on importance of balanced diet including fruits and vegetables.
5. **Do you eat only a limited amount of fried or fast foods?**
  - Counsel on high fat, high sugar, and high salt content of fast food, sweets, and soda.
  - Advise regarding healthy food substitutes.
6. **Do you exercise or do moderate physical activity such as walking or gardening 5 days a week?**
  - Advise on importance of moderate physical activity for at least 30 minutes each day.
  - Discuss benefits of exercise in managing stress and weight.
  - Assist patient to identify practical ways to make exercise a part of daily life such as walking to the store, climbing stairs, gardening, etc.
7. **Do you think you need to lose or gain weight?**
  - Discuss the natural changes the body undergoes and the need for related changes in diet and exercise.
  - Discuss dangers of fad diets, diet pills, laxatives, starvation, and vomiting.
  - Counsel on safe ways to lose and maintain a healthy weight through exercise, and balanced, nutritious, low fat diet.
8. **Do you often feel sad or depressed?**
  - Assess needs of patient including support system.
  - Discuss lifestyle changes patient can make to positively impact patients' outlook and emotional well-being (diet, exercise, sleep, alcohol/drugs, etc.).
9. **Do you have friends or family members that smoke in your home?**
  - Advise of relationship of second hand smoke to health problems (ear infections, asthma, etc.).
  - Discuss strategies to prevent second hand smoke, including asking smoker not to smoke in the home or car.
10. **Do you often spend time outdoors without sunscreen or other protection such as a hat or shirt?**
  - Advise of need to use sunscreen of SPF 15 or more and to wear protective clothing at all times. Avoid using baby oil, mineral oil, or tanning oil.
  - Discuss dangers of sun damage to skin and the susceptibility to skin cancers later in life.
11. **Do you smoke cigarettes or cigars or use any other kind of tobacco?**
  - Advise on health consequences, addiction, and difficulty of quitting.
  - Assist patient with smoking cessation if indicated.

12. **Do you use any drugs or medicines to go to sleep, relax, calm down, feel better, or lose weight?**
  - Counsel on harmful effects of drugs and danger of dependency.
  - Assist patient in identifying lifestyle changes and healthy coping mechanisms as an alternative (regular exercise, balanced diet, avoiding eating heavy meals before bedtime, caffeine reduction, relaxation techniques).
  - Offer assistance including referral to drug treatment, if needed.
13. **Do you often have more than two drinks containing alcohol in one day?**
  - Assess frequency of alcohol use and patterns of use.
  - Advise on health consequences of drinking and danger of dependency.
  - Offer assistance including referral to alcohol treatment programs, if needed.
14. **Do you think you or your partner could be pregnant?**
  - Provide patient with pregnancy test and in-depth birth control counseling, as appropriate.
  - Counsel on family planning alternatives, if needed.
15. **Do you think you or your partner could have a sexually transmitted disease?**
  - Provide patient with STD/HIV test and in-depth risk reduction counseling, as appropriate.
  - Advise patient of right to receive confidential STD/HIV testing/counseling services.
16. **Have you or your partner had sex without using birth control in the last year?**
  - Assess desire to have children.
  - Provide patient with in-depth birth control and STD/HIV risk reduction counseling.
  - Discuss important factors affecting effective use of birth control (consistency, proper use, comfort, communication with partner, etc.)
17. **Have you or your partner(s) had sex with any other people in the last year?**
  - Provide patient with in-depth birth control and STD/HIV risk reduction counseling.
18. **Have you or your partner(s) had sex without a condom in the past year?**
  - Assess desire to have children.
  - Provide patient with in-depth birth control and STD/HIV risk reduction counseling.
  - Discuss important factors affecting effective use of birth control (consistency, proper use, comfort, communication with partner, etc.)
19. **Have you ever been forced or pressured to have sex?**
  - Further assessment and counseling may be required.
  - Follow reporting procedures established by the state and local authorities.
20. **Have you ever been hit, slapped, kicked, or physically hurt by someone?**
  - Further assessment and counseling may be required.
  - Follow reporting procedures established by the state and local authorities.

## Patient Education and Counseling

The questions on the “Staying Healthy” Assessment are designed to alert the provider to potentially important risk behaviors with which the patient may need assistance through patient education and counseling. When the patient gives a high-risk answer to a question, it is up to the provider to determine what intervention, if any, needs to occur. In most cases the provider will need to ask the patient further questions. Based on the patient’s answers, the provider will decide whether in-office counsel or health education needs to be provided and whether the patient should be referred for counseling by other specialty providers or community resources.

To assist providers in this important process, this section of the Counseling and Resource Guide gives suggested follow-up questions as well as counseling suggestions from major state and national authorities. Also, background information is provided to assist providers and patients in understanding the importance of each issue addressed on the “Staying Healthy” Assessment, particularly for the low-income, multi-ethnic patients served by Medi-Cal.

This section is presented in 11 major topic areas. These are:

- Alcohol and Drugs
- Complementary and Alternative Health Care
- Dental Health
- Nutrition
- Physical Activity
- Pregnancy Prevention
- Psychosocial Adjustment
- Safety
- Sexually Transmitted Diseases and HIV Prevention
- Tobacco
- Violence Prevention

To the extent possible, information has been provided with age-specific qualifiers. Unless denoted as age-specific, providers should assume that information provided is useful to patients of all ages who are asked to answer the question on the “Staying Healthy” Assessment.

There are several general principles of patient education and counseling that run through the suggestions given in this section of the Counseling and Resource Guide. To help providers understand these general principles, the following excerpt has been reprinted from the U.S. Preventive Service Task Force’s report, *Guide to Clinical Preventive Services, 2<sup>nd</sup> Edition*.<sup>3</sup>

## U.S. Preventive Services Task Force Recommendations for Patient Education and Counseling

1. **Frame the teaching to match the patient's perception.** When counseling patients, the clinician should consider and incorporate, where possible, the beliefs and concerns of the patient. Research suggests that people have only a few important beliefs about any one subject. To persuade patients to change their behavior, it is first necessary to identify their beliefs relevant to the behavior and to provide information based on this foundation. The clinician can elicit important beliefs by asking such questions as "When you think of heart disease, what do you think of?" and "What gets in the way of your eating a low-fat diet?" Once the patient's concerns and understanding of the issues are apparent, teaching can then be focused appropriately. In considering a patient's belief system, the provider is challenged to facilitate the bridging of cross-cultural gaps as well. Culturally sensitive education and counseling requires that clinicians assess their own cultural beliefs and be aware of local ethnic, regional, and religious beliefs and practices. Such knowledge aids the development of culturally specific health teaching. A fixed message will not be effective for all patients. By fitting teaching and recommendations to patients' perceptions of their own health and ability to change, clinicians can enhance self-efficacy, which has been shown to improve health behaviors and health status. If a patient with morbid obesity complains that he or she is not able to exercise, the clinician might reframe the patient's conception of what is meant by "exercise." One might initiate a very gentle and brief exercise program, such as 1 minute of physical activity each hour.
2. **Fully inform patients of the purposes and expected effects of interventions and when to expect these effects.** Telling the patient when to expect to see beneficial effects from the intervention may avoid discouragement when immediate benefits are not forthcoming. When rheumatologists told patients about the purposes of their medications, 79% of them were compliant 4 months later, compared with only 33% compliance for those patients who were not given clear information about the purpose of the drugs. Informing patients that the beneficial effects of a low-cholesterol diet or regular physical activity may not become apparent for several months might increase the likelihood of long-term compliance. If side effects are common, the patient should be told what to expect, and under what circumstances the intervention should be stopped or the provider consulted.
3. **Suggest small changes rather than large ones.** Patients can be asked to do slightly more than they are doing now: "It is great that you are walking 10 minutes in the morning; could you add an additional 5 minutes?" When someone is very overweight, losing 100 pounds might seem like an impossible task, whereas losing 3-4 pounds in the next month seems reachable. By achieving a small goal, the patient has initiated positive change. The rationale for this suggestion comes from self-efficacy theory. Successful persuasion involves not only increasing a patient's faith in his or her capabilities, but also structuring interventions so that people are likely to experience success.
4. **Be specific.** Specific and informational instructions will generally lead to better compliance. For example, when suggesting a physical activity program, it is helpful to ask the patient how much he or she can comfortably do now. The patient can then be asked to perform this activity 3 times a week and then add to it by 10-25% per week, until the person is doing some type of aerobic exercise 20-30 minutes 3-4 times a week. Behavior change is enhanced if the regimen and its rationale are explained, demonstrated to the patient (if appropriate), and written down for patients to take home.
5. **It is sometimes easier to add new behaviors than to eliminate established behaviors.** Thus, if weight loss is a concern, suggesting that the patient begin moderate physical activity may be more effective than suggesting a change in current dietary patterns.
6. **Link new behaviors to old behaviors.** For example, a clinician might suggest to patients that they exercise before eating lunch, use an exercise bike while watching the evening news, or take prescribed medications twice daily when brushing the teeth.

7. **Use the power of the profession.** Patients see clinicians as health experts, and they regard what the clinician says as important. The clinician need not be afraid to tell a patient, “I want you to stop smoking,” or “I want you to cut half the fat out of your diet.” These direct messages are powerful, especially if they are simple and specific. It is important to recognize that some patients lack confidence in their ability to make lifestyle changes. The clinician can be sympathetic and supportive while providing firm, definite messages.
8. **Get explicit commitments from the patient.** Asking patients to describe how the intended regimen will be followed encourages them to begin to think about how to integrate this new behavior into their daily schedule. Clinicians should ask patients to describe what specifically they plan to achieve this week (i.e., what, when, and how often). For example, the patient can be asked to describe what physical activity he or she will undertake, when it will be done, and how often. The more specific the commitment from the patient, the more likely it is to be followed. After getting the commitment, the clinician can also ask the patient how sure he or she is that he or she will carry out the commitment, for example using a scale of 0 (not at all sure) to 10 (totally sure). A patient with a high degree of certainty that he or she will carry out the commitment is more likely to follow through. If a patient expresses uncertainty, the clinician can explore the problems that might be encountered in carrying out the regimen. This is best done in a nonjudgmental manner, e.g., “Many people have problems starting or continuing an exercise program; do you think you may have any problems? How will you begin?” The clinician and patient can then seek solutions for potential problems.
9. **Use a combination of strategies.** Educational efforts that integrate individual counseling, group classes, audiovisual aids, written materials, and community resources are more likely to be effective than those employing a single technique. Programs can be tailored to individual needs; for example, some patients will not attend group classes, and others may have inflexible work schedules. Written materials strengthen the message and may be personalized by jotting pertinent comments in the margins; this will help to remind patients later of the clinician’s suggestions. The clinician should ensure that printed materials are accurate, consistent with their views, and a reading level appropriate to their patient population. Printed materials cannot, however, substitute for verbal communication with patients. Multiple studies have demonstrated that clinicians’ individual attention and feedback are more useful than the news media or other communication channels in changing patient knowledge and behavior.
10. **Involve office staff.** Patient education and counseling is a responsibility that is shared among physicians, nurses, clinical nurse specialists, health educators, dietitians, and other allied health professionals as appropriate. A team approach facilitates patient education. The receptionist can encourage patients to read materials that the clinician has reviewed, approved, and placed in the reception area. Staff members and the office environment can communicate consistent positive health messages. Forming a patient education committee can help to generate program ideas and promote staff commitment.
11. **Refer.** In a busy practice, it may not be possible to do complete patient education and counseling. In some situations, patients are best served by appropriate referrals. There are four major referral sources: community agencies, national voluntary health organizations such as the American Heart Association and the American Cancer Society, instructional references such as books and video tapes, and finally, other patients. One of the best ways to change health behavior is to connect the patient with a role model, someone with the same problem who has made changes and is doing well. An up-to-date, written list of specific referral sources (including name, address, and telephone number) can be prepared for each of the 10 or so most common counseling topics and given to patients who need referral. Clinicians should check the credibility and appropriateness of an agency, organization, or other references before referral.
12. **Monitor progress through follow-up contact.** Scheduling a follow-up appointment or telephone call within the next few weeks-to evaluate progress, reinforce successes, and identify and respond to problems-improves the effectiveness of clinician counseling. In one study, a monthly call to older persons with osteoarthritis reduced their reported pain and utilization of services. A study in which calls were made to internal medicine patients between visits reduced visits by 19% and hospital days

by 28%. Provider-initiated contact may be more effective than patient-initiated phone calls. Proactive calls (calls made by the provider to the patient) have been shown to reinforce behavior change effectively. It is also important for the clinician to follow-up on referrals to monitor progress and support continued compliance.

## Alcohol and Drug Use

*Please Note: general counseling suggestions for alcohol and drug use are located on page 32.*

**Has your child had friends or family members who had a problem with drugs or alcohol?** (ages 9-11)

### Suggested Follow-up Questions

- Which friends or family members?
- Has your child been personally close to this person(s)?
- Do you (the parent) use drugs or have a problem with alcohol?

**Has your child ever had alcohol such as beer, wine, wine coolers or liquor?** (ages 9-11,12-17)

**Has your child ever smoked marijuana, sniffed glue, or used street drugs?** (ages 9-11)

**Do you ever use drugs such as marijuana, cocaine, crack, crank, or ecstasy?** (ages 12-17)

### Suggested Follow-up Questions

- What kind of alcohol or drug?
- How often has the use occurred?
- How much is (was) used at each episode?
- Have injected drugs been used?
- (Parents) How did the child get access to the drug or alcohol? Is parental or adult supervision adequate? What is being done to restrict access now?
- Has use affected performance at school or work?
- Has use affected interpersonal relationships and family relationships?
- (Parents) Has the child received professional counseling about drug and alcohol problems? If not, would you like him/her to receive such counseling?
- (Adolescents and adults) Have you received professional counseling about drug and alcohol problems? If not, would you like to receive such counseling?

**Do you use drugs or medicines to get to sleep, relax, calm down, feel better, or lose weight?** (ages 18+)

### Suggested Follow-up Questions

- What are they?
- Are these prescription or over-the-counter medications?
- How often do you use these drugs or medicines?
- Why do you use them?
- How long have you used them?
- At what dose do you use them?
- Are you dependent on these drugs or medicines?
- Are you interested in learning about non-drug, non-medication methods—such as relaxation technique, exercise, etc.?

## **Do you often have more than 2 drinks containing alcohol in 1 day?** (ages 18+)

### Suggested Follow-up Questions

In the last year:

- Have you ever felt you ought to cut down on drinking?
- Have people annoyed you by criticizing your drinking?
- Have you ever felt bad or guilty about your drinking?
- Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?  
(1 or more “yes” answers to the above indicates high possibility of problem drinking)<sup>1</sup>
- What is the most number of drinks that you have had on any day in the last year?  
(5 or more indicates the possibility of a problem with binge drinking)

## **Do you ever drive a car after drinking or ride in a car driven by someone who has been drinking?** (ages 12-17)

### Suggested Follow-up Questions

- How often?
- Do you or your friends ever use a “designated driver”?
- Do you believe that drinking alcohol slows your reaction time and clouds your judgement—leading to driving accidents?
- Do you know the legal blood alcohol limit for driving in California? (.01% for persons under 21 and .08% for persons 21 years of age or older) Do you know how many drinks would lead to this level for you? (Even 1 drink can cause a minor to be at or above the .01% legal limit)
- Are aware that you are guilty of a felony if someone is injured in an accident while you are driving with blood alcohol above the legal limit?

### Counseling Suggestions

The U.S. Public Health Service has recommended the following basic steps for alcohol and drug abuse counseling in primary care<sup>2,3</sup>

- **Establish a therapeutic relationship.** Express genuine concern and maintain an honest, nonjudgmental approach with substance-abuse patients. Avoid arguing with, confronting, or labeling the patient. Attempt to maintain a partnership with the patient, functioning as an expert consultant. Trust is essential; assure the patient that any information disclosed to you will be kept confidential to the maximum extent possible.
- **Make the medical office or clinic off-limits for substance abuse.** This policy should apply to the use of tobacco, alcohol, and other drugs. Counseling a patient who is under the influence of alcohol or other drugs is not productive and may be counterproductive because of indirect encouragement of abuse that it gives to the patient. Schedule return appointments for such patients to occur when they are not under the influence.
- **Present information about negative health consequences.** Present such information in a straightforward, nonjudgmental manner. For example, “Your trouble sleeping, the difficulty in controlling your blood pressure, and the recent problems at home with your family make me concerned that alcohol may be the main problem. I would like to discuss the possibility with you more.” Warn injection drug users about the risk of HIV infection, hepatitis B infection, and other disorders associated with using contaminated or shared needles.
- **Emphasize personal responsibility and self-efficacy.** Convey to the patient a sense of optimism and confidence that he or she can control his or her substance use.

- **Convey a clear message and set goals.** Communicate clearly and firmly to the patient a recommendation to stop substance use. Assist the patient in setting a date for abstinence or goals for step-wise moderation of substance use. Help the patient anticipate physiologic and psychological withdrawal symptoms and to plan for potential relapses or “slips”
- **Involve family or other supports.** The assistance and patience of family members can be critical for the success of the patient’s efforts at abstinence or moderation. Involve others only with the patient’s consent.
- **Establish a working relationship with community treatment resources.** Many patients may benefit from the structure provided by peer counseling, support groups, inpatient treatment, and other modalities. The presence of significant psychological impairment or physiological dependence attributable to alcohol or other drug abuse suggests the need for early referral on the patient for comprehensive evaluation and possible inpatient, outpatient, or day treatment. Become familiar with support and treatment resources available in the community so that appropriate referrals, if needed, can be made.
- **Provide Follow-up.** Monitoring and supporting patient success is essential and desirable, even for patients referred for treatment. Schedule return appointments at regular intervals, particularly during the first weeks of each patient’s efforts to stop or moderate use.

### Background

Alcohol and other drugs are a major cause of morbidity and mortality for all age groups and segments of society. For older children and adolescents, 40% of injuries (the leading cause of death for this age group) are related to alcohol use and alcohol has also been implicated in a significant proportion of adolescent suicides and homicides (the second and third leading causes of death for this age group). Heavy alcohol use has increased among youth in the last decade. The rate of drug-related deaths in California increased by 94% between 1980 and 1996.<sup>4</sup>

Native Americans are particularly at risk for alcohol-related diseases, with a cirrhosis death rate in California in 1996 (20.5 per 100,000) double that of whites (8.9 per 100,000) and African Americans (10.3 per 100,000) in 1996. The rate for Hispanics was intermediate at 14.4 per 100,000. African Americans are particularly at risk for drug-related deaths, with a rate of 14.4 per 100,000 that is double that of Hispanics (7.0 per 100,000) and significantly higher than that of whites (9.2 per 100,000).<sup>4</sup>

All major authorities recommend that primary care providers assess and appropriately counsel or refer patients for alcohol and drug-abuse related problems. There is good evidence that primary care providers can, through providing brief counseling, have a beneficial effect on patient behavior in this important area.<sup>5</sup>

### Health Education Resource Listing

Title	Format/ Lang.	Program Information	Tele/Fax/E-mail/Internet
A Parent's Guide to Preventing Inhalant Abuse	Brochure  English	California Department of Alcohol and Drug Programs Resource Center, First Floor 1700 K Street Sacramento, CA 95814-4037	Phone: 800-879-2772 (CA ONLY) (916) 327-3728 Fax: (916) 323-1270 TTY: (916) 445-1942  e-mail: ResourceCenter@adp.state.ca.us <a href="http://www.adp.ca.gov">http://www.adp.ca.gov</a>  *This brochure can be downloaded for free at: <a href="http://www.adp.ca.gov/RC/pdf/2460.pdf">http://www.adp.ca.gov/RC/pdf/2460.pdf</a>
Description: Audience: parents Information for parents about inhalant abuse, including abuse effects, what products are abused, how to tell if a young person is an abuser, and what to do to help.			
Growing Up Drug-Free: A Parent's Guide to Prevention	Fact sheet  English	California Department of Alcohol and Drug Programs Resource Center, First Floor 1700 K Street Sacramento, CA 95814-4037	Phone: 800-879-2772 (CA ONLY) (916) 327-3728 Fax: (916) 323-1270 TTY: (916) 445-1942  e-mail: ResourceCenter@adp.state.ca.us <a href="http://www.adp.ca.gov">http://www.adp.ca.gov</a>
Description: Audience: parents of children between the ages of 5 to 17 This publication provides information for parents about how to effectively talk with children about drugs.			
How Can I Tell If My Child Is Using Drugs?	Brochure  English	California Department of Alcohol and Drug Programs Resource Center, First Floor 1700 K Street Sacramento, CA 95814-4037	Phone: 800-879-2772 (CA ONLY) (916) 327-3728 Fax: (916) 323-1270 TTY: (916) 445-1942  e-mail: ResourceCenter@adp.state.ca.us <a href="http://www.adp.ca.gov">http://www.adp.ca.gov</a>  *This brochure can be downloaded for free at: <a href="http://www.adp.ca.gov/RC/pdf/3484.pdf">http://www.adp.ca.gov/RC/pdf/3484.pdf</a>
Description: Audience: parents This publication gives eight major signs of drug use in children.			

<b>Title</b>	<b>Format/ Lang.</b>	<b>Program Information</b>	<b>Tele/Fax/E-mail/Internet</b>
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Make A Difference: Talk to Your Child About Alcohol	Booklet  English	California Department of Alcohol and Drug Programs Resource Center, First Floor 1700 K Street Sacramento, CA 95814-4037	Phone: 800-879-2772 (CA ONLY) (916) 327-3728 Fax: (916) 323-1270 TTY: (916) 445-1942  e-mail: ResourceCenter@adp.state.ca.us <a href="http://www.adp.ca.gov">http://www.adp.ca.gov</a>
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**Description:**

Audience: parents of children between the ages of 10-14

This 24-page booklet offers many suggestions for how to effectively talk to children about alcohol, discusses the importance of a strong parent-child relationship, gives prevention strategies, and lists the warning signs of alcohol use.

Marijuana: Facts Parents Need to Know	Brochure Fact Sheet  English Spanish	California Department of Alcohol and Drug Programs Resource Center, First Floor 1700 K Street Sacramento, CA 95814-4037	Phone: 800-879-2772 (CA ONLY) (916) 327-3728 Fax: (916) 323-1270 TTY: (916) 445-1942  e-mail: ResourceCenter@adp.state.ca.us <a href="http://www.adp.ca.gov">http://www.adp.ca.gov</a>
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**Description:**

Audience: parents

This publication provides scientific facts about the drug, as well as how to tell if a child is using and how to talk to a child about marijuana.

Parenting Skills: 21 Tips and Ideas to Help You Make a Difference	Fact sheet  English	California Department of Alcohol and Drug Programs Resource Center, First Floor 1700 K Street Sacramento, CA 95814-4037	Phone: 800-879-2772 (CA ONLY) (916) 327-3728 Fax: (916) 323-1270 TTY: (916) 445-1942  e-mail: ResourceCenter@adp.state.ca.us <a href="http://www.adp.ca.gov">http://www.adp.ca.gov</a>
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**Description:**

Audience: parents

This publication provides tips on keeping children from using drugs and alcohol. There are sections providing recommendations on how to become involved, learning to communicate, being a role model, and more.

<b>Title</b>	<b>Format/ Lang.</b>	<b>Program Information</b>	<b>Tele/Fax/E-mail/Internet</b>
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2001 Publication Catalog	Catalog 300 pages  English	California Department of Alcohol and Drug Programs Resource Center 1700 K Street Sacramento, CA 95814	Phone: (800) 879-2772 (CA ONLY) (916) 327-3728 Fax: (916) 323-1270 TTY: (916) 445-1942  e-mail: ResourceCenter@adp.state.ca.us <a href="http://www.adp.ca.gov">http://www.adp.ca.gov</a>
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**Description:**

Audience: individuals, families, prevention and treatment professionals, business, and communities  
This 85-page catalog lists new and timely information about alcohol and drug abuse; tobacco and nicotine products; club drugs like rohypnol and ecstasy; and items for specific age groups, audiences, and populations. Also included are new publications for communities and programs in the process of assessing current and future needs, as well as treatment publications for the professional. This catalog also provides ordering information, contact information and information about the Resource Center.

The Fact Is...Alcoholism Tends to Run in Families	Fact sheet  English	California Department of Alcohol and Drug Programs Resource Center, First Floor 1700 K Street Sacramento, CA 95814-4037	Phone: 800-879-2772 (CA ONLY) (916) 327-3728 Fax: (916) 323-1270 TTY: (916) 445-1942  e-mail: ResourceCenter@adp.state.ca.us <a href="http://www.adp.ca.gov">http://www.adp.ca.gov</a>
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**Description:**

Audience: children of alcoholics and general  
This publication provides questions and answers about children of alcoholics and lists intervention/treatment referrals.

The Resource Center	Brochure  English	California Department of Alcohol and Drug Programs Resource Center, First Floor 1700 K Street Sacramento, CA 95814-4037	Phone: 800-879-2772 (CA ONLY) (916) 327-3728 Fax: (916) 323-1270 TTY: (916) 445-1942  e-mail: ResourceCenter@adp.state.ca.us <a href="http://www.adp.ca.gov">http://www.adp.ca.gov</a>
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**Description:**

Audience: individuals, families, prevention and treatment professionals, business, and communities  
This brochure explains the services provided by the Resource Center of the Department of Alcohol and Drug Program such as the clearinghouse and library, technical assistance, conference and events calendar, information and referrals, electronic communication systems and mentoring resource center. The brochure also lists the contact information (web site address, mailing address and phone numbers) for the Resource Center.

<b>Title</b>	<b>Format/ Lang.</b>	<b>Program Information</b>	<b>Tele/Fax/E-mail/Internet</b>
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The Right Steps for You and Your Baby: Your Baby Can't Say "No"	Fact Sheet  English Spanish	California Department of Health Services Office of Perinatal Health Maternal and Child Health Branch 714 P Street, Room 760 Sacramento, CA 95814	Phone: (916) 657-1338 Fax: (916) 657-3069
<p>Description:</p> <p>Audience: pregnant women</p> <p>This fact sheet encourages pregnant women to quit drinking alcoholic beverages and using drugs and explains the harmful side effects that both alcohol and drugs can cause to an unborn fetus.</p>			

## Complementary and Alternative Health Care

**Does your child receive health care from anyone besides a medical doctor (such as an acupuncturist, herbalist, curandero, or other healer)?** (ages 0-3, 4-8, 9-11)

**Do you receive health care from anyone besides a medical doctor (such as an acupuncturist, herbalist, curandero, or other healer)?** (ages 12-17, 18+)

### Suggested Follow-up Questions

- From whom do you receive additional care?
- Do you take any herbs, vitamins, or non-prescription medications as part of this care? If so, what and how much?
- Do you receive other treatments, such as massage, accupressure, or spiritual healing, as a part of this care? If so, please describe.
- Are you willing to keep your primary care provider informed about any changes in this care?
- Do you understand the role of the primary care provider?
- Where do you go for urgent or emergency care when the doctor's office is closed?
- Do you know about the toll-free number to call for advice from your health plan when the doctor's office is closed?

### Counseling Suggestions

The American Medical Association has stated that:<sup>1</sup>

- Physicians should routinely inquire about the use of alternative or unconventional therapy by their patients, and educate themselves and their patients about the state of scientific knowledge with regard to alternative therapy that may be used or contemplated.
- Patients who choose alternative therapies should be educated as to the hazards that might result from postponing or stopping conventional treatment.

The National Center for Complementary and Alternative Medicine (NCCAM) of the National Institutes of Health has recommended that providers use the NCCAM Complementary and Alternative Medicine Citation Index (CCI) as well as Medline of the National Library of Medicine to research the safety, effectiveness, and interactions of alternative and complementary therapies in which their patients may participate.<sup>2</sup>

### Background

The use of alternative or complementary medicine has increased significantly in the United States in the last decade and is more common in California and the west than other areas of the country.<sup>3</sup> In 1997, 40% of Americans reported use of some form of alternative medicine—most frequently for back and neck problems, anxiety, arthritis and headaches. However, less than 40% reported disclosing these alternative therapies to their providers.<sup>3</sup> Other surveys have reported this rate to be as low as 25%.<sup>4</sup> Because of patient non-disclosure and the potential danger of interactions of alternative treatments with medical treatments, particularly medications, many medical authorities have stressed the importance of soliciting information on alternative therapies from patients. Alternative therapies are now popular across all population groups and may be particularly common in certain ethnic populations, such as Chinese and recent immigrants from developing countries.

### Health Education Resource Listing

Title	Format/ Lang.	Program Information	Tele/Fax/E-mail/Internet
Acupuncture	Fact Sheet  English	NCCAM Clearinghouse P.O. Box 8218 Silver Spring, Maryland 20907-8218	Phone: 1-888-644-6226 Fax: 301-495-4957 TTY/TDY: 1-888-644-6226  e-mail: <a href="mailto:nccamc@altmedinfo.org">nccamc@altmedinfo.org</a> <a href="http://nccam.nih.gov">http://nccam.nih.gov</a> <a href="http://nccam.nih.gov/nccam/fcp/factsheets/">http://nccam.nih.gov/nccam/fcp/factsheets/</a>  *This can be downloaded for free at: <a href="http://nccam.nih.gov/nccam/fcp/factsheets/acupuncture/acupuncture.htm#information">http://nccam.nih.gov/nccam/fcp/factsheets/acupuncture/acupuncture.htm#information</a>
Description: Audience: general This fact sheet discusses: acupuncture theories, preclinical studies, clinical studies and FDA's role. It also provides information on how to find a licensed acupuncture practitioner. A glossary of terms as well as additional information and resources for acupuncture are provided.			
Considering Complementary and Alternative Medicine Therapies?	Fact Sheet  English	NCCAM Clearinghouse P.O. Box 8218 Silver Spring, Maryland 20907-8218	Phone: 1-888-644-6226 Fax: 301-495-4957 TTY/TDY: 1-888-644-6226  e-mail: <a href="mailto:nccamc@altmedinfo.org">nccamc@altmedinfo.org</a> <a href="http://nccam.nih.gov">http://nccam.nih.gov</a> <a href="http://nccam.nih.gov/nccam/fcp/factsheets/">http://nccam.nih.gov/nccam/fcp/factsheets/</a>  *This can be downloaded for free at: <a href="http://nccam.nih.gov/nccam/fcp/faq/considercam.html">http://nccam.nih.gov/nccam/fcp/faq/considercam.html</a>
Description: Audience: general This fact sheet discusses many concerns and issues pertaining to complementary and alternative medicine therapies. It discusses the importance of: assessing the safety and effectiveness when approaching complementary and alternative therapies, examining a practitioner's expertise, considering the service delivery, costs, and consulting with a healthcare provider.			

<b>Title</b>	<b>Format/ Lang.</b>	<b>Program Information</b>	<b>Tele/Fax/E-mail/Internet</b>
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Fraudulent Health Claims: Don't Be Fooled	Brochure Fact Sheet  English	Food and Drug Administration HFI-40 Rockville, MD 20857  Federal Trade Commission Bureau of Consumer Protection Office of Consumer and Business Education 600 Pennsylvania Ave. Northwest, Washington DC 20580	FTC information : Phone: 1-877-FTC-HELP (382-4357) Fax: 202-326-3066 TDD: 202-326-2502  <a href="http://www.ftc.gov">http://www.ftc.gov</a> <a href="http://www.fda.gov/opacom/catalog/decemcat.html">http://www.fda.gov/opacom/catalog/decemcat.html</a>  *This can be downloaded for free at: <a href="http://www.fda.gov/opacom/catalog/graphics/frdheal.pdf">http://www.fda.gov/opacom/catalog/graphics/frdheal.pdf</a> or <a href="http://www.ftc.gov/bcp/online/pubs/health/frdheal.htm">http://www.ftc.gov/bcp/online/pubs/health/frdheal.htm</a>
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**Description:**

Audience: general

Many medicines and other options are available to treat health problems. Some of these don't have FDA approval and can be detrimental. This brochure discusses: how to spot false claims, medical problems that attract health fraud schemes, and precautions for taking dietary supplements.

Frequently Asked Questions about Complementary and Alternative Medicine (CAM) and the National Center for Complementary and Alternative Medicine (NCCAM)	Fact Sheet  English	NCCAM Clearinghouse P.O. Box 8218 Silver Spring, Maryland 20907-8218	Phone: 1-888-644-6226 Fax: 301-495-4957 TTY/TDY: 1-888-644-6226  e-mail: <a href="mailto:nccamc@altmedinfo.org">nccamc@altmedinfo.org</a> <a href="http://nccam.nih.gov">http://nccam.nih.gov</a> <a href="http://nccam.nih.gov/nccam/fcp/factsheets/">http://nccam.nih.gov/nccam/fcp/factsheets/</a>  *This can be downloaded for free at: <a href="http://nccam.nih.gov/nccam/fcp/faq/index.html">http://nccam.nih.gov/nccam/fcp/faq/index.html</a>
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**Description:**

Audience: general

This fact sheet answers the most frequently asked questions pertaining to complementary and alternative medicine therapies. It explains: what complementary and alternative medicine (CAM) is; how to find more information about complementary and alternative medical practices; how to find a practitioner; the National Center for Complementary and Alternative Medicine (NCCAM); and answers many other important questions pertaining to CAM.

<b>Title</b>	<b>Format/ Lang.</b>	<b>Program Information</b>	<b>Tele/Fax/E-mail/Internet</b>
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Major Domains of Complementary and Alternative Medicine	Fact Sheet  English	NCCAM Clearinghouse P.O. Box 8218 Silver Spring, Maryland 20907-8218	Phone: 1-888-644-6226 Fax: 301-495-4957 TTY/TDY: 1-888-644-6226  e-mail: <a href="mailto:nccamc@altmedinfo.org">nccamc@altmedinfo.org</a> <a href="http://nccam.nih.gov">http://nccam.nih.gov</a> <a href="http://nccam.nih.gov/nccam/fcp/factsheets/">http://nccam.nih.gov/nccam/fcp/factsheets/</a>  *This can be downloaded for free at: <a href="http://nccam.nih.gov/nccam/fcp/classify/">http://nccam.nih.gov/nccam/fcp/classify/</a>
Description: Audience: general This fact sheet describes the major domains of complementary and alternative medicine therapies. It explains and defines: alternative medical systems, mind-body interventions, biological-based therapies, manipulative and body-based methods, and energy therapies.			

St. John's Wort	Fact Sheet  English	NCCAM Clearinghouse P.O. Box 8218 Silver Spring, Maryland 20907-8218	Phone: 1-888-644-6226 Fax: 301-495-4957 TTY/TDY: 1-888-644-6226  e-mail: <a href="mailto:nccamc@altmedinfo.org">nccamc@altmedinfo.org</a> <a href="http://nccam.nih.gov">http://nccam.nih.gov</a> <a href="http://nccam.nih.gov/nccam/fcp/factsheets/">http://nccam.nih.gov/nccam/fcp/factsheets/</a>  *This can be downloaded for free at: <a href="http://nccam.nih.gov/nccam/fcp/factsheets/stjohnswort/stjohnswort.htm">http://nccam.nih.gov/nccam/fcp/factsheets/stjohnswort/stjohnswort.htm</a>
Description: Audience: general This fact sheet introduces St. John's Wort. It discusses: how St. John's Wort works, clinical trials, and provides additional information and resources for St. John's Wort.			

The Truth About Choosing Medical Treatments	Brochure Fact Sheet  English Spanish	Food and Drug Administration HFI-40 Rockville, MD 20857	Phone: 1-888-INFO-FDA (1-888-463-6332)  <a href="http://www.fda.gov/opacom/catalog/decemcat.html">http://www.fda.gov/opacom/catalog/decemcat.html</a>  *This can be downloaded for free at: <a href="http://www.fda.gov/opacom/lowlit/medfraud.pdf">http://www.fda.gov/opacom/lowlit/medfraud.pdf</a>
Description: Audience: general This brochure discusses non-traditional therapies and how to recognize phony treatments.			

# Dental Health

## Early Childhood Caries

### **Do you ever put your child to sleep with a bottle of juice, milk, or soda ?** (ages 0-3)

#### Suggested Follow-up Questions

- Do you know why this may be bad for your child's teeth?
- Have you tried using a bottle filled only with water? How successful was this?
- What other methods have you tried to help your child get to sleep at night? Have you tried rocking or singing?

#### Counseling Suggestions

The Child Health and Disability Prevention Program of the California Department of Health Services has made the following recommendations for providers to help prevent early childhood caries and baby bottle tooth decay:<sup>1</sup>

- Encourage breast-feeding but discourage nursing constantly throughout the night, since breast milk is a liquid that may also lead to early childhood caries.
- Discourage parents from putting infants to bed with a bottle.
- Clean the child's teeth with a soft washcloth or small, soft toothbrush each morning and night, especially reaching behind the upper front teeth and next to the gumline where early decay develops.
- Introduce infants to a cup beginning at age six months and wean from a bottle around one year of age.
- Suggest alternatives to the bottle such as bedtime stories, rocking, or singing if parents/caregivers believe their child needs pacification at bedtime.

#### Background

The use of baby bottles containing fluids high in sugar (including fruit juices and milk) to pacify children before falling asleep or for prolonged periods throughout the day is a major cause of dental caries for infants and young children. This leads to decay that is most pronounced in the upper the upper front teeth, but also including the primary molars and other teeth. This may be so severe as to cause complete loss of primary teeth, which in turn may lead to speech disorders, feeding and nutritional problems, low self-esteem and possible orthodontic problems.

Baby bottle tooth decay is particularly common in low income and minority populations. In some locations, up to 50% of Native American children have evidence of baby bottle tooth decay. The rate is also significantly increased in Hispanic children.<sup>2</sup>

## Brushing and Preventive Dental Care

### **Do you make sure your child's teeth are brushed every day?** (ages 0-3)

#### Suggested Follow-up Questions

- Why not? (child resists? forget? don't believe it's necessary?)
- Do you use fluoride-containing toothpaste daily? How much? Is the toothpaste swallowed?
- Does your child have a history of cavities or caries?

## **Does your child see the dentist at least once a year?** (ages 4-8, 9-11)

## **Do you see the dentist at least once a year?** (ages 12-17, 18+)

### Suggested Follow-up Questions

- Do you have a regular family dentist?
- Are you aware of benefits through Denti-Cal?
- (Parents) Do you know the potential benefits of dental sealants for your child?

### Counseling Suggestions

The U.S. Public Health Service has provided the following suggestions for dental and oral health in primary care:<sup>3,4</sup>

- Begin oral health education and care at an infant's first visit, and continue education and care throughout childhood and adolescence.
- Instruct parents to wipe their infant's gums and teeth after each feeding, using a moist washcloth or gauze pad. As multiple teeth appear, parents should begin brushing the infant's teeth daily with a small toothbrush and a very small (pea-sized) amount of fluoride-containing toothpaste. Swallowing large amounts of toothpaste by infants and children may lead later to enamel discoloration of permanent teeth due to fluorosis. To avoid gum tissue injury, use a brush with soft end-rounded or polished bristles, and replace it when bristles are bent or worn. Although children should actively participate in their dental care, they should continue to receive assistance from parents or other caregivers until they are 7 or 8 years old.
- Counsel parents about the impact of dietary habits on oral health.
  - Avoid foods that are high in simple sugars or starches or those that are particularly sticky.
  - If snacks are eaten, select them carefully; encourage consumption of raw fruits and vegetables, nuts, and low-sugar drink.
  - Limit ingestion of sweets to once or twice a day, preferably with a meal.
- Advise parents to talk with their dentist or dental hygienist about when their child should begin using dental floss.
- Advise parents that children between ages of 5 and 13 years old should be evaluated by their dentist regarding the need for dental sealants on newly erupted permanent molars. First molars usually erupt at about 6 years of age and second molars at about 12 years of age. The sealant is most effective if applied soon after eruption, before the decay process has had time to begin.
- Give children and adolescents special counseling about dental and oral health problems, such as dental injuries and tobacco-related illnesses for which they are at increased risk. Advise those involved in contact sports to use appropriate mouth protectors and helmets. Advise adolescents of the cosmetic (yellowed teeth, bad breath) and health (lung cancer, heart disease, leukoplakia, and oral or pharyngeal cancers) problems caused by tobacco use. Smokeless tobacco (snuff and chewing tobacco) is a particular problem among adolescents, and its use should be seriously discouraged.
- Encourage all patients (including adults) to see an oral health care professional regularly for preventive care. Patients who may need frequent dental care include:
  - Diabetics

- Tobacco and alcohol users
  - Persons who are immunocompromised
  - Persons with decreased salivary flow (xerostomia)
  - Persons with Sjogren's syndrome
  - Persons exposed to head and neck irradiation
  - Persons with Down's Syndrome
- Assess a child's need for fluoride supplementation. Many children in California live in areas with fluoridated community water supplies. If a child lives in an area without an optimally fluoridated community water supply, the water supply should be tested and other sources of fluoride identified before recommending supplementation. Information about the fluoride content of community water supplies can be obtained from the local water department.

### Background

Numerous studies have demonstrated that preventive dental measures, such as use of fluoride toothpastes, dental sealants, and flossing combined with regular dental visits can prevent most caries and gum disease. However, patients with low income, low education level, and who are members of minority groups have relatively low levels of knowledge about dental health and infrequent dental visits. In 1993, only 47% of African American adults and 46% of Hispanic adults reported a dental visit in the last year (compared to 64% for whites). For those with income below the poverty line the rate was only 36%.<sup>5</sup> The American Academy of Pediatric Dentistry has recommended that dental visits begin at 6 months of age or when the first tooth erupts, whichever occurs later, but no later than 1 year of age.<sup>6</sup>

Children are at particularly high risk for dental health problems. Two-thirds of 12-to 17-year-olds have decayed or filled permanent teeth, and 73% of teens aged 13 to 17 years old have some gingival bleeding.<sup>3</sup> Sixty-one percent of 10<sup>th</sup> graders in California have gum disease requiring professional treatment; 21% are in urgent need of dental care for extensive decay, pain, or infection; and 78% have some tooth decay.<sup>7</sup>

Ninety-four percent of people older than 18 years of age have either untreated decay or fillings in the crowns of their teeth. On average, American adults have 22 decayed or filled coronal surfaces. Root-surface decay associated with gingival recession is a particular concern in older adults. Moderate loss of gingival attachment is present in almost 40% of all Americans. Over 65 years of age, 82% of people have some degree of attachment loss.<sup>4</sup>

### Health Education Resource Listing

Title	Format/ Lang.	Program Information	Tele/Fax/E-mail/Internet
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#### **DENTAL: EARLY CHILDHOOD CARIES**

A Healthy Mouth for Your Baby	Booklet  English Spanish	U.S. Department of Health and Human Services National Institute of Dental Research Public Info and Reports Branch Building 31/Room 2C35 31 Center Drive, MSC 2290 Bethesda, MD 20892-2290	
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Description:  
Audience: parents of infants and young children  
This booklet explains how a parent can: protect their child's teeth with fluoride, check and clean their teeth, feed their child healthy food and prevent baby bottle tooth decay. It also encourages parents to take their child to the dentist between their first and second birthday.

California Children's Dental Disease Prevention Program (DDPP)	Brochure  English	California Department of Health Services Office of Dental Health Services P.O. Box 942732 Sacramento, CA 94234-7320	Phone: (916) 445-2510 (916) 445-2543
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Description:  
Audience: parents of children  
This brochure explains the Children's Dental Disease Prevention Program, discusses the program's benefits, explains the Program's services in schools and lists community partners.

Dental Sealant	Fact Sheet  English	The Dental Health Foundation Children Dental Health Initiative 2277 Fair Oaks Blvd., Suite 401 Sacramento, CA 95825	Phone: (916) 920-1174  e-mail: cdhi@pacbell.net
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Description:  
Audience: parents of young children and adolescents  
This fact sheet discusses: dental sealants and their benefits, how sealants are applied and who should receive sealants. It also discusses the benefits of fluoride and sealants, the history of sealants and insurance coverage of sealants.

Dental Sealants: What You Need to Know	Fact Sheet  English	The Dental Health Foundation Children's Dental Health Initiative 2277 Fair Oaks Blvd., Suite 401 Sacramento, CA 95825	Phone: (916) 920-1174  e-mail: cdhi@pacbell.net
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Description:  
Audience: parents of young children  
This fact sheet explains dental sealants and their benefits, explains and illustrates how sealants are applied, and discusses the life span of sealants.

<b>Title</b>	<b>Format/ Lang.</b>	<b>Program Information</b>	<b>Tele/Fax/E-mail/Internet</b>
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Healthy Teeth for Happy Smiles: Good Food for Healthy Teeth	Fact Sheet  English Spanish	California Department of Health Services Women, Infants, and Children (WIC)  Office of State Publishing 344 North 7 <sup>th</sup> Street Sacramento, CA 95814-9794	
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**Description:**

Audience: parents of young children

This fact sheet provides tips for parents on how to: check and clean children's teeth according to their age, prepare healthy food and prevent baby bottle tooth decay.

Protect Your Child's Teeth! Put Your Baby to Bed With Love Not a Bottle.	Brochure  English Cambodi Chinese Laotian Spanish Thai Vietnamese	The Dental Foundation 4286 Redwood Hwy, Suite 261 San Rafael, CA 94903	Phone: (415) 499-4648
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**Description:**

Audience: parents of infants

This brochure explains the causes of Baby Bottle Tooth Decay (BBTD). It also discusses ways to prevent BBTD and dangers of BBTD.

Seal Out Dental Decay	Booklet  English Spanish	U.S. Department of Health and Human Services National Institute of Dental Research 31 Center Drive Bethesda, MD 20892-2290	
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**Description:**

Audience: parents of young children and adolescents

This booklet explains: dental sealants and their benefits, the causes of tooth decay, why molars decay so easily, who should receive sealants, the cost and life span of sealants, the development of sealants and explains how sealants are placed onto teeth.

Title	Format/ Lang.	Program Information	Tele/Fax/E-mail/Internet
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Time For A Cup	Brochure  English Spanish	California Department of Health Services Women, Infants, and Children (WIC)  Office of State Publishing 344 North 7 <sup>th</sup> Street Sacramento, CA 95814-9794	
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Description:

Audience: parents of young children

This brochure discusses: the importance of weaning a child from a bottle, the dangers of tooth decay, and discusses other negative consequences (such as anemia, excess weight gain, and ear infections) caused from using a bottle. It also provides tips on how to wean a child from a bottle to a cup.

### DENTAL: BRUSHING AND PREVENTIVE DENTAL CARE

A Healthy Smile Can Last a Lifetime	Brochure	American Dental Association Division of Communications 211 East Chicago Avenue Chicago, IL 60611	
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Description:

Audience: general

This brochure explains preventive measures found in modern dentistry such as preventing and treating: dental decay, dry mouth, periodontal (gum) disease, oral cancer and adverse drug interactions. This brochure also discusses dentures and encourages individuals to practice good oral hygiene.

PLAQUE: What it is and how to get rid of it.	Brochure  English Spanish	The National Institute of Dental Research P.O. Box 54793 Washington, DC 20032	
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Description:

Audience: general

This brochure defines plaque, explains the dangers of gum disease, encourages individuals to practice good oral hygiene and shows how to properly floss and brush teeth.

Snack Smart For Healthy Teeth!	Brochure  English	National Institute of Dental Research 31 Center Driven MSC 2290 Bethesda, MD 20892-2290	
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Description:

Audience: youth

This brochure encourages youth: to eat a balanced diet, choose sugary foods less often, avoid sweets between meals, eat a variety of low or non-fat foods from the basic food groups, and to brush their teeth with fluoride toothpaste after eating snacks and meals. This brochure also explains the dangers of eating sugary snacks, provides a list of healthy snack foods from all food groups and encourages youth to “snack smart” in order to prevent tooth decay.

Title	Format/ Lang.	Program Information	Tele/Fax/E-mail/Internet
Why We Recommend Fluoridation	Brochure  English	Council on Community Health, Hospital, Institutional and Medical Affairs Fluoridation and Preventive Health Activities 211 East Chicago Avenue Chicago, Illinois 60611	
Description: Audience: general This brochure explains the importance and benefits of water fluoridation.			

## Nutrition

*Please Note: although the “Staying Healthy” Assessment does not contain questions about the adequacy of iron and folate intake, providers should address these issues when discussing nutrition-related questions with parents and patients.*

### **Breastfeeding**

#### **Does your child breastfeed?** (ages 0-3)

##### Suggested Follow-up Questions

- How long do you plan to continue breastfeeding?
- Are you having any difficulties or concerns about breastfeeding?
- What kind of support will help you most to continue to breastfeed?
- Would you like information about the benefits of breastfeeding for your child?
- Are you enrolled in the WIC program?

##### Counseling Suggestions

The American Academy of Pediatrics has recommended that all mothers lacking contraindications to breastfeeding should be counseled to breastfeed for at least 6 months and, if possible, for at least a full year. Gradual introduction of iron-enriched solid foods in the second half of the first year should complement the breast milk diet. Pediatricians should enthusiastically promote and support breastfeeding.<sup>1</sup>

The Child Health and Disability Program (CHDP) of the California Department of Health Services has made the following recommendations for counseling mothers regarding breastfeeding:<sup>2</sup>

- Find out the mother’s concerns about breastfeeding and refer to the WIC program or a lactation counselor, if needed.
- Offer breastfeeding support, including proper position and technique.
- Encourage relaxation and avoidance of distractions during breastfeeding.
- Encourage feeding the infant on demand, at least 8 times in 24 hours or at least every 3 hours for infants less than 1 month of age. Decrease frequency slowly (over weeks) as the infant ages.
- Emphasize the mother’s need for a healthy diet, plenty of fluids and rest.
- Discuss breast pumps, if necessary, to accommodate the mother’s need to work or other activities.
- Discuss signs of adequate intake for the infant—about 6 to 8 wet diapers per day.
- After 12 months, if weaning is desired, it can be accomplished by elimination of least preferred nursing time, one at a time.

Best Start Social Marketing developed a 3-step breastfeeding counseling strategy for the Women, Infants, and Children’s Supplemental Nutrition Program (WIC)<sup>3</sup>

- Ask open end questions to elicit concerns about breastfeeding
- Affirm feelings about patient concerns
- Provide targeted education addressing patient concerns

##### Background

The American Academy of Pediatrics has identified breastfeeding as the ideal method of feeding and nurturing infants and has recognized breastfeeding as primary in achieving optimal infant and child health, growth, and development.<sup>1</sup> There is strong evidence that breastfeeding decreases the incidence

and/or severity of diarrhea, lower respiratory tract infection, otitis media, bacteremia, bacterial meningitis, urinary tract infection, and necrotizing enterocolitis. A number of studies show a possible protective effect against SIDS, insulin-dependent diabetes mellitus, allergic diseases, lymphoma, Crohn's Disease, ulcerative colitis, and other chronic digestive diseases. Breastfeeding has also been related to possible enhancement of cognitive development. There are also benefits for the mother, including less postpartum bleeding, earlier return to prepregnant weight, delayed resumption of ovulation with increased child spacing, improved postpartum bone remineralization with decreased postmenopausal hip fractures, and reduced rates of ovarian cancer and premenopausal breast cancer.<sup>1</sup>

Despite all of these benefits, few mothers breastfeed until their infant is 6 months of age—21.6% nationally in 1995. Among low-income and minority-group mothers the rates are even lower. In 1995, only 11.4% of mothers with family incomes less than \$10,000 per year were breastfeeding at 6 months of infant age. Among African American mothers this rate was only 11.2% and among Hispanic mothers it was 19.6%.<sup>4</sup> Research with WIC clients has identified six major concerns regarding breastfeeding: embarrassment about breastfeeding in public; fear that breastfeeding demands so much of the mother's time that she cannot return to work, school, or an active social life; lack of social support from family and friends; belief that breastfeeding will be too painful to bear; lack of confidence in ability to nourish their infant adequately; concern that a mother's dietary and health practices will harm the baby.<sup>3</sup> Addressing such concerns with mothers may help them to initiate and maintain breastfeeding and lead to improved health outcomes for their children.<sup>5</sup>

## **Calcium**

**Does your child drink formula, milk, or eat yogurt at least 2 times each day?** (ages 0-3, 4-8)

**Does your child (Do you) drink milk or eat yogurt or cheese at least 3 times each day?** (ages 9-11, 12-17, 18+)

### Suggested Follow-up Questions

- (Parents of children under 5 years of age) Would you like information about the WIC program?
- Does your child (Do you) have milk intolerance or a milk allergy? If so, are you using non-dairy milk substitutes or calcium supplements?
- Do you know how important calcium is for keeping bones strong and preventing osteoporosis?
- (Over 2 years of age) Do you choose low fat or fat free dairy products?

### Counseling Suggestions

The U.S. Public Health Service has recommended that all female patients be counseled to consume a diet adequate in calcium, which helps build optimal bone mass during the teen years and early adulthood and, after menopause, helps control bone loss and delay development of osteoporosis. Non-dairy sources of calcium are canned fish with soft bones, vegetables such as broccoli and spinach, and fortified cereals and grains.<sup>6,7</sup> The National Academy of Sciences has published dietary reference intakes (DRI) for daily consumption of calcium.<sup>8</sup>

## Calcium—Dietary Reference Intakes

Group	Calcium (mg)
Birth to 6 months	210
6 months to 1 year	270
1 to 3 years	500
4 to 8 years	800
9-18 years	1300
Males (9-13 years)	1300
(14-18 years)	1300
(19-30 years)	1000
(31-50 years)	1000
(51-70 years)	1200
(71+ years)	1200
Females (9-13 years)	1300
(14-18 years)	1300
(19-30 years)	1000
(31-50 years)	1000
(51-70 years)	1200
(71+ years)	1200
(Pregnant or lactating)	(same as other women of comparable age)

## Background

According to the U.S. Preventive Services Task Force, reduced calcium intake among women, especially young women, may be an important risk factor for bone mineral loss and postmenopausal osteoporosis and studies suggest that calcium supplementation in adolescence and early adulthood may increase bone mineral density. An estimated 40% of women in the U.S. will suffer from osteoporosis-related fractures by age 70. Hip fractures, in particular, are associated with significant pain, disability, and mortality.<sup>9</sup> Optimal calcium intake through diet and/or supplementation coupled with weight bearing exercise and use of estrogen supplements has the potential to significantly decrease the great burden of suffering caused by osteoporosis.

## **Fats**

**Does your child eat only a limited amount of fried or fast foods?** (ages 4-8, 9-11)

**Do you try to limit the amount of fried or fast foods you eat?** (ages 12-17, 18+)

## Suggested Follow-up Questions

- (If 2 years of age or older) Do you limit the amount of fat in your child's (in your) diet to 30% of total calories? Do you choose low fat or fat free dairy products for yourself or your child?
- How do you tell how much fat you or your child eat? Do you know how to read food labels to determine the percent of calories from fat?
- Is there a history of heart disease in your family?
- (Adults) Do you know your cholesterol level?

## Counseling Suggestion

The U.S. Public Health Service<sup>6</sup> has recommended that parents and patients be counseled to:

- Not limit fat consumption for children less than 2 years of age.

- For children 2 years of age or older and adults, no more than 30% of calories should be derived from fat, only 10% of calories be derived from saturated fat, and cholesterol consumption be limited to no more than 300 mg per day.
- Patients should be counseled to use the labels now present on most packaged foods to determine fat and cholesterol content.
- Patients should be counseled that fast foods contain unacceptably high percentages of calories derived from fat.

### Background

Diets high in fats, particularly saturated fats, have been shown to lead to increases in total serum cholesterol, which in turn has been strongly linked to heart disease and atherosclerosis. Diets high in fats have also been associated with obesity and increased rates of cancer of the breast, colon, prostate, and lung. Unfortunately, the rate of consumption of fast foods, which are high in fat, is increasing in California with 48% of adults surveyed in 1997 reporting that they had eaten fast food on the day of the survey. This rate was particularly high (66%) for adults with less than a high school education. African Americans reported a significantly higher rate of eating deep fried foods (30%) than the general population (20%).<sup>12</sup>

## **Fruits and Vegetables**

**Does your child eat fruits and vegetables every day?** (ages 0-3)

**Does your child (Do you) eat at least 5 servings of fruits and vegetables every day?**  
(ages 4-8, 9-11, 12-17, 18+)

### Suggested Follow-up Questions

- (Parents of children under 5 years of age) Would you like information about the WIC program?
- Do you know how to measure a “serving” of fruits and vegetables?
- (Parents) How have you tried to make eating fruits and vegetables more appealing for your child?
- Do you or your child take vitamin supplements? If so, do you believe that this makes eating fruits and vegetables less important?

### Counseling Suggestions

The California Department of Health Services has recommended that patients be counseled on the importance of children and adults consuming an adequate amount of fruits and vegetables each day: 5 servings a day.<sup>10</sup> Parents and patients should be counseled that 5 serving of fruits and vegetables is not as much as they might believe. Examples of servings are:

A medium-sized piece of fruit  
 ½ cup of chopped, cooked or canned fruit or vegetables  
 ¾ cup of fruit or vegetable juice  
 ¼ cup of dried fruit  
 1 cup of leafy green vegetables (raw)

### Background

Fruits and vegetables are a vital source of fiber, vitamins and other nutrients, in addition to replacing calories from less healthy foods, such as fats and simple sugars. Some types of soluble fibers, such as those in beans and oats, have been shown to decrease levels of low-density lipoprotein (LDL), the principal cholesterol component contributing to heart disease risk. A number of studies have found an inverse relationship between diets high in fiber and the incidence of colon cancer. Diets high in insoluble

fibers (most plant foods) may be effective in decreasing intra-colonic pressure and preventing diverticular disease.<sup>7</sup> There is emerging evidence that antioxidants and other natural substances in fruits and vegetables play a role in decreasing the risk for several types of cancer, including colon, lung, oral, esophageal, stomach, and perhaps breast.<sup>11</sup> Leafy green vegetables are also an excellent source of dietary folic acid, which has been demonstrated to decrease the incidence of neural tube defects in newborns and homocysteine levels, which have been related to heart disease risk in adults.<sup>7</sup>

Unfortunately, the consumption of fruits and vegetables in California is far from optimal despite the state's great agriculture industry. The 1997 California Dietary Practices Survey found the average California adult ate only 3.8 servings of fruits and vegetables daily. The rate of consumption for African Americans was particularly unfavorable, with half reporting that they ate 2 servings or less daily.<sup>12</sup>

## **Weight**

### **Does your child need to lose or gain weight?** (ages 4-8, 9-11)

### **Do you need to lose or gain weight?** (ages 12-17, 18+)

#### Suggested Follow-up Questions

- Why do you believe this? How do you feel about your/your child's weight?
- (Children-overweight) Has your child attempted to lose weight in the past? Are you aware that in general weight loss and dieting is not recommended for children?
- (Adolescents and Adults-overweight) Have you attempted to lose weight in the past? Have you used special diets, medications, laxatives, or vomiting?
- (All-underweight) Have you or your child attempted unsuccessfully to gain weight in the past? Is poor appetite, excessive exercising, or use of diet medications or other drugs a problem?

#### Counseling Suggestions

The U.S. Public Health Service has issued the following recommendations for weight control in children and adolescents:<sup>6</sup>

- Weight reduction through dieting and other means is not advisable for children and adolescents.
- Counsel overweight children and their parents to strive to maintain the child's weight at a constant level as the child continues to grow, while increasing physical activity to improve fitness and avoid weight gain.
- Ask parents about their dietary habits and determine if they try to limit their food intake.
- Pay special attention to children and adolescents who participate in sports requiring stringent weight standards.

The U.S. Public Health Service has issued the following recommendations for weight control in adults:<sup>7</sup>

- Recommend a diet with fewer total calories from fat and a modest increase in physical activity
- In general, the patient's goal should be a weight loss of ½ to 1 pound per week.
- Encourage behavior therapy and physical activity to help maintain weight loss.

- Provide ongoing support and reinforcement to patients undertaking significant dietary changes. This can take several forms, including follow-up visits, telephone calls, and postcards. Recommend making changes gradually, in small achievable steps over time. Encourage patients through the plateaus and regressions that occur as a normal part of efforts at long-term change.

### Background

Being overweight is associated with significantly increased mortality and multiple health risks, such as non-insulin dependent diabetes mellitus, high blood pressure, high cholesterol, stroke, heart disease, and several types of cancer. Even modest weight loss by overweight individuals can decrease the risk of most of these forms of morbidity. Unfortunately, an alarming increase occurred in the percentage of overweight individuals in California in the last decade, with 28% of the total population being affected. Low income individuals and Latina and African American women experience even higher rates: 35%, 40%, and 50%, respectively.<sup>12</sup> Being overweight is a significant risk factor for many diseases that have now reached epidemic proportions in California. Primary care providers, through encouraging healthy diets and adequate exercise, can help combat this epidemic.

### Health Education Resource Listing

Title	Format/ Lang.	Program Information	Tele/Fax/E-mail/Internet
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#### NUTRITION: GENERAL NUTRITION

Before and During Your Pregnancy You Need Folate	Brochure  English Spanish	California Department of Health Services Maternal and Child Health Branch 714 P Street, RM 760 Sacramento, CA 95814  March of Dimes Birth Defects Foundations and California Blackeye Council	
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**Description:**

**Audience:** pregnant women

This brochure explains the importance of eating foods rich in folate or folic acid as a means of preventing birth defects. It also answers frequently asked questions regarding folate and lists foods that are high in folate (such as beans, nuts, fruits and vegetables).

Dollar Stretching Meal and Snack Choices	Fact Sheet  English Spanish	California Department of Health Services Office of Perinatal Health Maternal and Child Health Branch 714 P Street, Room 760 Sacramento, CA 95814	Phone: (916) 657-1338 Fax: (916) 657-3069
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**Description:**

**Audience:** pregnant women and working families

This fact sheet is derived from a set of comprehensive fact sheets in the nutrition handout section from the "Steps to Take Guidelines for Enhanced Health Education, Nutrition, and Psychosocial Services." It lists low-cost nutritious meals, provides a food pyramid and encourages families to eat healthy treats or snacks.

<b>Title</b>	<b>Format/ Lang.</b>	<b>Program Information</b>	<b>Tele/Fax/E-mail/Internet</b>
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Easy Steps To Healthy Eating and Physical Activity For Your Family  It's A Healthy Thing!	Brochure  English Spanish	California Department of Health Services Cancer Prevention and Nutrition Section PO Box 942732, MS-662 Sacramento, CA 94234-7320	Phone: 1-888-EAT-FIVE (1-888-328-3483)  www.ca5aday.com
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**Description:**

Audience: general

This brochure provides tips for being physically active and eating healthy. It also lists appropriate food serving sizes and lists foods that are plentiful in nutrition.

Feeding Your Baby Birth to 8 Months	Brochure  English Spanish	California Department of Health Services Women, Infants, and Children (WIC)  Office of State Publishing 344 North 7 <sup>th</sup> Street Sacramento, CA 95814-9794	
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**Description:**

Audience: parents of infants

This brochure provides tips for feeding a baby up to eight months old and lists the appropriate foods an infant should eat according to their age and ability. This brochure is part of a set of age-appropriate brochures.

Feeding Your Baby 6 to 12 Months	Brochure  English Spanish	California Department of Health Services Women, Infants, and Children (WIC)  Office of State Publishing 344 North 7 <sup>th</sup> Street Sacramento, CA 95814-9794	
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**Description:**

Audience: parents of babies

This brochure provides tips for feeding a baby between the ages of six to twelve months and lists the appropriate foods a baby should eat according to their age and ability. This brochure is part of a set of age-appropriate brochures.

Feeding Your 1 to 3 Year Old	Brochure  English Spanish	California Department of Health Services Women, Infants, and Children (WIC)  Office of State Publishing 344 North 7 <sup>th</sup> Street Sacramento, CA 95814-9794	
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**Description:**

Audience: parents of young children

This brochure provides tips for feeding a young child, lists appropriate food serving sizes, and a food pyramid. This brochure is part of a set of age-appropriate brochures.

<b>Title</b>	<b>Format/ Lang.</b>	<b>Program Information</b>	<b>Tele/Fax/E-mail/Internet</b>
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Feeding Your 4 to 5 Year Old	Brochure  English Spanish	California Department of Health Services Women, Infants, and Children (WIC)  Office of State Publishing 344 North 7 <sup>th</sup> Street Sacramento, CA 95814-9794	
<b>Description:</b> Audience: parents of children between the ages of 4 to 5 This brochure provides tips for feeding a child, a food pyramid, lists appropriate food serving sizes, and provides a sample menu. It also lists ideas on how to make “mealtime a happy time” and how to get a child interested in eating healthy foods. This brochure is part of a set of age-appropriate brochures.			

Folic Acid Deficiency Anemia	Fact Sheet  English Spanish	California Department of Health Services Office of Perinatal Health Maternal and Child Health Branch 714 P Street, Room 760 Sacramento, CA 95814	Phone: (916) 657-1338 Fax: (916) 657-3069
<b>Description:</b> Audience: pregnant women This fact sheet is derived from a set of comprehensive fact sheets in the nutrition handout section from the “Steps to Take Guidelines for Enhanced Health Education, Nutrition, and Psychosocial Services.” It lists the causes of folic acid deficiency anemia, lists ways of taking more folic acid, and lists folic acid enriched foods.			

Food Guide Pyramid for Young Children: A Daily Guide for 2-to-6 Year Olds	Fact Sheet  English	U.S. Department of Agriculture Food and Nutrition Service 550 Kearny Street, Room 400 San Francisco, CA 94108-2518	Phone: (415) 705-1311 (415) 705-1336
<b>Description:</b> Audience: parents of adolescents This fact sheet provides a food pyramid for young children. It also encourages parents to have their children “snack wise” and lists snack ideas from each of the food groups.			

<b>Title</b>	<b>Format/ Lang.</b>	<b>Program Information</b>	<b>Tele/Fax/E-mail/Internet</b>
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Food on the Run: Healthy Eating and Physical Activity for Your Teenager	Brochure  English Spanish	California Department of Health Services California Project Lean PO Box 942732, MS-675 Sacramento, CA 94234-7320	Phone: (916) 323-4742 Fax: (916) 445-7571  www.dhs.ca.gov/lean
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**Description:**

Audience: parents of adolescents

This brochure discusses the benefits provided to teens by eating healthy and being physical active, explains why they typically do not choose to be physically active and to eat healthy foods, and list alternatives to eating “junk” and “fast food.” It also discusses how parents can motivate teens to become more active and provides information on how communities can promote a healthy lifestyle for teens.

Healthy Flavors of the World: Asia	Booklet  English	American Institute for Cancer Research Washington, D.C. 20069	Phone: (800) 843-8114 or (202) 328-7744 (in Washington D.C.)
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**Description:**

Audience: general

This brochure discusses the health benefits associated with eating a traditional Asian diet, provides a partial guide to Asian cuisine ingredients, explains the cancer prevention link associated with an Asian diet, and encourages individuals to incorporate Asian cuisine into their diet.

Healthy Latino Recipes: Made with Love	Booklet  English Spanish	California Department of Health Services Cancer Prevention and Nutrition Section PO Box 942732, MS-662 Sacramento, CA 94234-7320	Phone: (888) EAT-FIVE (1-888-328-3483)  www.ca5aday.com
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**Description:**

Audience: Latino audience or a general audience who enjoys traditional Latino cuisine

This colorful cookbook shows quick and tasty ways to prepare traditional Latino recipes that are low in total fat, saturated fat, cholesterol, and sodium. The recipes provide at least one serving of fruit and/or vegetable per individual serving size. The cookbook also provides a seasonality chart showing when certain fruits and vegetables are readily available throughout the year and provides information on adequate fruit and vegetable servings.

<b>Title</b>	<b>Format/ Lang.</b>	<b>Program Information</b>	<b>Tele/Fax/E-mail/Internet</b>
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Iron Deficiency Anemia	Fact Sheet  English Spanish	California Department of Health Services Office of Perinatal Health Maternal and Child Health Branch 714 P Street, Room 760 Sacramento, CA 95814	Phone: (916) 657-1338 Fax: (916) 657-3069
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Description:  
Audience: pregnant women  
This fact sheet is derived from a set of comprehensive fact sheets in the nutrition handout section from the “Steps to Take Guidelines for Enhanced Health Education, Nutrition, and Psychosocial Services.” It discusses the causes of iron deficiency anemia, recommends ways of consuming more iron, and lists iron enriched foods.

Iron for Strong Blood	Brochure  English Spanish	California Department of Health Services Women, Infants, and Children (WIC)  Office of State Publishing 344 North 7 <sup>th</sup> Street Sacramento, CA 95814-9794	
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Description:  
Audience: general and parents of infants  
This brochure lists and provides tips for iron enriched foods. It also provides a daily sample menu, discusses the importance of consuming iron, lists anemia symptoms, and recommends ways to select foods rich in iron.

Quick and Easy Meal for Busy People	Brochure	California Department of Health Services Cancer Prevention and Nutrition Section	Phone: 1-888-EAT-FIVE (1-888-328-3483)
What's for Dinner?	English Spanish	PO Box 942732, MS-662 Sacramento, CA 94234-7320	www.ca5aday.com

Description:  
Audience: general  
This brochure provides two recipes, Southwestern Turkey and Noodles and Garlic Chicken Rice Bowl. It also lists fruits and vegetables serving sizes and discusses the importance of being physically active.

Real Women Healthy Lives	Pamphlet  English	California Department of Health Services California Project Lean PO Box 942732, MS 675 Sacramento, CA 94234-7320	Phone: (916) 323-4742 Fax: (916) 445-7571  www.dhs.ca.gov/lean
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Description:  
Audience: female  
This pamphlet provides creative tips for eating more fruits and vegetables, making low-fat meals and improving physical activity. It gives information about California Project Lean and the California Nutrition Network and provides local contact information. It also explains how to order informational brochures, get information about referral services and other educational materials related to healthy eating and physical activity.

<b>Title</b>	<b>Format/ Lang.</b>	<b>Program Information</b>	<b>Tele/Fax/E-mail/Internet</b>
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Snacks	Brochure  English Spanish	California Department of Health Services Women, Infants, and Children (WIC)  Office of State Publishing 344 North 7 <sup>th</sup> Street Sacramento, CA 95814-9794	
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Description:  
Audience: general  
This brochure discusses the importance of choosing snacks wisely and avoiding high sugar and high fat snacks. It also provides healthy snack ideas and recipes.

The Power Of Choice. Your Energy Wakeup Call.	Fact Sheet  English	California Department of Health Services California Project Lean PO Box 942732, MS 675 Sacramento, CA 94234-7320	Phone: (916) 323-4742 Fax: (916) 445-7571  <a href="http://www.dhs.ca.gov/lean">www.dhs.ca.gov/lean</a>
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Description:  
Audience: general  
This fact sheet recommends eating healthy lowfat foods and snacks, eating fruits and vegetables, and engaging in moderate physical activity in order to feel more energetic.

The Shape of Good Eating: Food Guide Pyramid	Brochure  English Chinese Korean Tagalog Vietnamese	California Milk Advisory Board  Distributed by: The Montgomery Group 555 Montgomery Street, Suite 1415 San Francisco, CA 94111	Phone: (415) 391-3040 Fax: (415) 781-2934  e-mail: <a href="mailto:info@tmgsf.com">info@tmgsf.com</a> <a href="http://themontgomerygroup.com">http://themontgomerygroup.com</a>
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Description:  
Audience: general and Asian American  
This brochure is derived from a kit called *Eat Well to Be Well*. This brochure illustrates and explains the Food Guide Pyramid, explains the importance of eating a variety of foods, explains food serving sizes and provides ideas for healthy snacks. The brochure also discusses the importance of reducing fat and cholesterol intake for a healthy heart by listing ways to cook foods with less fat, explains how to minimize fat intake on meats, and provides grocery shopping hints.

<b>Title</b>	<b>Format/ Lang.</b>	<b>Program Information</b>	<b>Tele/Fax/E-mail/Internet</b>
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#### **NUTRITION: BREASTFEEDING**

Breastfeeding and Returning to Work or School	Fact Sheet  English Spanish	California Department of Health Services Office of Perinatal Health Maternal and Child Health Branch 714 P Street, Room 760 Sacramento, CA 95814	Phone: (916) 657-1338 Fax: (916) 657-3069
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**Description:**

Audience: breastfeeding women

This fact sheet is derived from a set of comprehensive fact sheets in the nutrition handout section from the “Steps to Take Guidelines for Enhanced Health Education, Nutrition, and Psychosocial Services.” It provides guidelines to breastfeeding mothers on how they can still breastfeed their baby after returning to work or school and explains how to pump and store breast milk. It also encourages them to plan ahead and recommends them to make the most of their time with their baby.

Busy Moms: Breastfeeding Works Around My Schedule	Brochure  English	California Department of Health Services Women, Infants, and Children (WIC)  Office of State Publishing 344 North 7 <sup>th</sup> Street Sacramento, CA 95814-9794	
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**Description:**

Audience: breastfeeding women

This brochure provides tips on how moms can incorporate breastfeeding into their busy schedules.

Embarrassment: Don't Shy Away From Breastfeeding.	Brochure  English	California Department of Health Services Women, Infants, and Children (WIC)  Office of State Publishing 344 North 7 <sup>th</sup> Street Sacramento, CA 95814-9794	
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**Description:**

Audience: breastfeeding women

This brochure provides tips to breastfeeding women on how to feel comfortable when breastfeeding in any environment. It also discusses the benefits of breastfeeding.

<b>Title</b>	<b>Format/ Lang.</b>	<b>Program Information</b>	<b>Tele/Fax/E-mail/Internet</b>
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Encouragement: Giving a Breastfeeding Mom Your Loving Support	Brochure  English Spanish	California Department of Health Services Women, Infants, and Children (WIC)  Office of State Publishing 344 North 7 <sup>th</sup> Street Sacramento, CA 95814-9794	
Description: Audience: general This brochure discusses the benefits of breastfeeding and the importance of fathers, grandparents, and friends providing support to breastfeeding mothers.			

Getting Started With Breastfeeding	Fact Sheet  English Spanish	California Department of Health Services Office of Perinatal Health Maternal and Child Health Branch 714 P Street, Room 760 Sacramento, CA 95814	Phone: (916) 657-1338 Fax: (916) 657-3069
Description: Audience: pregnant and breastfeeding women This fact sheet is derived from a set of comprehensive fact sheets in the nutrition handout section from the “Steps to Take Guidelines for Enhanced Health Education, Nutrition, and Psychosocial Services.” It provides beginning guidelines for breastfeeding (such as properly positioning the baby).			

How to Make Plenty of Milk	Fact Sheet  English Spanish	California Department of Health Services Office of Perinatal Health Maternal and Child Health Branch 714 P Street, Room 760 Sacramento, CA 95814	Phone: (916) 657-1338 Fax: (916) 657-3069
Description: Audience: breastfeeding women This fact sheet is derived from a set of comprehensive fact sheets in the nutrition handout section from the “Steps to Take Guidelines for Enhanced Health Education, Nutrition, and Psychosocial Services.” It provides guidelines to breastfeeding mothers on how to make sure their body is producing enough milk for a newborn and discusses when they should seek medical help.			

Title	Format/ Lang.	Program Information	Tele/Fax/E-mail/Internet
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Vegetarian Eating for Pregnancy and Breastfeeding	Fact Sheet  English Spanish	California Department of Health Services Office of Perinatal Health Maternal and Child Health Branch 714 P Street, Room 760 Sacramento, CA 95814	Phone: (916) 657-1338 Fax: (916) 657-3069
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**Description:**

**Audience:** pregnant and breastfeeding women

This fact sheet is derived from a set of comprehensive fact sheets in the nutrition handout section from the “Steps to Take Guidelines for Enhanced Health Education, Nutrition, and Psychosocial Services.” It provides guidelines for a vegetarian diet and lists important vegetable protein combinations.

## NUTRITION: CALCIUM

Foods Rich in Calcium	Fact Sheet  English Spanish	California Department of Health Services Office of Perinatal Health Maternal and Child Health Branch 714 P Street, Room 760 Sacramento, CA 95814	Phone: (916) 657-1338 Fax: (916) 657-3069
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**Description:**

**Audience:** pregnant and nursing women

This fact sheet is derived from a set of comprehensive fact sheets in the nutrition handout section from the “Steps to Take Guidelines for Enhanced Health Education, Nutrition, and Psychosocial Services.” It provides information on the appropriate servings of milk products and lists non-dairy foods rich in calcium.

New Home, New Foods	Brochure  English Chinese Korean Tagalog Vietnamese	California Milk Advisory Board  Distributed by: The Montgomery Group 555 Montgomery Street, Suite 1415 San Francisco, CA 94111	Phone: (415) 391-3040 Fax: (415) 781-2934  e-mail: <a href="mailto:info@tmgsf.com">info@tmgsf.com</a> <a href="http://themontgomerygroup.com">http://themontgomerygroup.com</a>
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**Description:**

**Audience:** Asians (who have recently immigrated).

This brochure is derived from a health education kit called *Eat Well to Be Well*. This brochure discusses the nutritional benefits of milk products, explains the variety of milk products (such as whole, reduced fat, lowfat, nonfat, or fat-free milk), lists other products made from milk (such as cheese, ice cream, yogurt, cottage cheese, sour cream, butter, and cream) and discusses how to purchase and store milk and milk products. The brochure also provides simple snacks ideas for children and explains the appropriate milk servings per age group.

Title	Format/ Lang.	Program Information	Tele/Fax/E-mail/Internet
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#### **NUTRITION: FATS**

Shop, Cook & Eat Lean	Pamphlet  English Spanish	CA Project Lean PO Box 942732, MS 675 Sacramento, CA 94234-7320	Phone: (916) 323-4742 Fax: (916) 445-7571  www.dhs.ca.gov/lean
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**Description:**

**Audience:** general

This brochure explains low fat cooking methods, explains how to reduce fat content of meats, and explains how to add low fat flavors to foods. It also provides shopping tips for low fat foods and provides a tuna noodle casserole recipe. This brochure also provides lowfat recommendations for drinks, side dishes, sandwiches, and breakfast meals.

#### **NUTRITION: FRUITS AND VEGETABLES**

African Americans Take the "5 A Day" Challenge For Better Health!	Brochure  English	Health Promotion Research Branch National Cancer Institute and the Center for Disease Control and Prevention 6130 Executive Boulevard EPN 4183 Bethesda, MD 20852	Phone: (301) 496-8520
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**Description:**

**Audience:** African Americans

This brochure discusses the importance and health benefits associated with eating fruits and vegetables as way of preventing certain diseases and illnesses. It also lists fruits and vegetables serving sizes and provides tips to ensure a person is eating five fruits and vegetables a day.

Discover the Secret 5 a Day for Better Health	Booklet  English Spanish	California Department of Health Services Cancer Prevention and Nutrition Section PO Box 942732, MS-662 Sacramento, CA 94234-7320	Phone: 1-888-EAT-FIVE (1-888-328-3483)  www.ca5aday.com
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**Description:**

**Audience:** general

This booklet provides a variety of recipes that are plentiful in fruits and vegetables. It also provides quick meal and snack ideas and provides tips for exercising.

<b>Title</b>	<b>Format/ Lang.</b>	<b>Program Information</b>	<b>Tele/Fax/E-mail/Internet</b>
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Eat 5 Fruits and Vegetables Every Day	Brochure  English	U.S. Department of Health and Human Services National Cancer Institute	Phone: 1-800-4-CANCER (1-800-422-6237) TTY: 1-800-332-8615
Description: Audience: general This illustrative brochure provides tips for eating five fruits and vegetables a day. It also lists fruits and vegetables serving sizes.			

Fast, Fun, & Fit... Food For your Family  It's a Healthy Thing!  Fruit Recipes	Brochure  English Spanish	California Department of Health Services Cancer Prevention and Nutrition Section PO Box 942732, MS-662 Sacramento, CA 94234-7320	Phone: 1-888-EAT-FIVE (1-888-328-3483)  www.ca5aday.com
Description: Audience: general This brochure provides five fruit recipes (Fruit Salad, Orange Banana Smoothie, Mango Tomato Salsa, Hawaiian Pizza, and Peach Teriyaki BBQ Chicken). It also discusses the importance of eating fruits and drinking fruit juice as a way of remaining healthy and maintaining an active lifestyle.			

Fast, Fun, & Fit... Food For Your Family  It's a Healthy Thing!  Vegetables Recipes	Brochure  English Spanish	California Department of Health Services Cancer Prevention and Nutrition Section PO Box 942732, MS-662 Sacramento, CA 94234-7320	Phone: 1-888-EAT-FIVE (1-888-328-3483)  www.ca5aday.com
Description: Audience: general This brochure provides five vegetable recipes (Southwest Bean Salad, Veggie Beef Macaroni Bake, Carrot Treasure Coins, Artichokes with Honey Mustard Dip, and Citrus Slaw). It also discusses the importance of eating vegetables as part of a healthy diet.			

<b>Title</b>	<b>Format/ Lang.</b>	<b>Program Information</b>	<b>Tele/Fax/E-mail/Internet</b>
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5 A Day Power Play: Help Kids Eat More Fruits and Vegetables	Brochure  English Spanish	California Department of Health Services California Children's 5 a Day Campaign Cancer Prevention and Nutrition Section PO Box 942732, MS-662 Sacramento, CA 94234-7320	Phone: 1-888-EAT-FIVE (1-888-328-3483)  www.ca5aday.com
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**Description:**

Audience: parents of preteens

This colorful brochure discusses the importance of eating fruits and vegetables and provides tips for parents to ensure their children are eating five fruits and vegetables a day. It also lists fruits and vegetables serving sizes and provides recipe ideas.

Why Eat More Fruits and Vegetables	Brochure  English Spanish	California Department of Health Services Cancer Prevention and Nutrition Section PO Box 942732, MS-662 Sacramento, CA 94234-7320	Phone: 1-888-EAT-FIVE (1-888-328-3483)  www.ca5aday.com
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**Description:**

Audience: general

This brochure discusses the health benefits associated with eating fruits and vegetables as way of preventing certain diseases. It also lists fruits and vegetables serving sizes and labels the nutritional value of each fruit and vegetable.

## **NUTRITION: WEIGHT**

Anorexia Nervosa and Bulimia	Booklet  English	Department of Health & Human Services Public Health Service Alcohol, Drug Abuse, and Mental Health Administration Rockville, MD 20857	
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**Description:**

Audience: general

This booklet discusses: the symptoms of eating disorders, the dangers of dieting, the differences between bulimia and anorexia, the causes and medical complications caused by eating disorders, treatment plans, recommendations for helping a person with an eating disorder, and provides additional information and resources regarding bulimia and anorexia.

Title	Format/ Lang.	Program Information	Tele/Fax/E-mail/Internet
Daily Food Guide for Women	Brochure  English Spanish	Department of Health Services Maternal and Child Health Branch 714 P Street, Room 760 Sacramento, CA 95814	
Description: Audience: females This black and white brochure lists recommended daily servings for both nonpregnant and pregnant/lactating women for all food groups. The food groups are categorized by: protein foods, milk products, both vitamin C-rich and vitamin A-rich fruits and vegetables, other fruits and vegetables, unsaturated fats, and breads (including cereals and grains).			

## Physical Activity

**Does your child play actively 5 days per week?** (ages 4-8, 9-11)

**Do you exercise or play active sports 5 days per week?** (ages 12-17)

**Do you exercise or do moderate physical activity such as walking or gardening 5 days per week?** (ages 18+)

### Suggested Follow-up Questions

- What types of physical activity or sports do you or your child enjoy?
- Are there medical factors limiting physical activity or sports participation?
- (Children) Are there environmental factors, such as lack of safe play areas or sports facilities that limit physical activity and sports participation?
- (Children) Are there social factors, such as lack of playmates or organized sports programs, that limit physical activity or sports participation?
- (Adolescents and Adults) Are there financial factors, such as the need to work, that limit physical activity and sports participation?
- (Children and Adolescents) How many hours do you spend watching television or playing video games each week? Could some of this time be replaced with physical activity and sports?
- (Parents) Do you engage in physical activity? If so, what kind and could your child be included?
- (Older adults) Do you think that you are at risk for falls? Do you know that physical exercise may help you decrease this risk?


### Counseling Suggestions

The U.S. Public Health Service has provided the following suggestions for physical activity counseling in primary care:<sup>1</sup>

- Increase the level of exercise and activity gradually rather than abruptly
- Alternate exercises daily and use stretching to decrease injuries
- Choose enjoyable activities
- Choose activities that are convenient and fit into the daily schedule
- Set realistic goals. Overly ambitious goals lead to discouragement
- A structured schedule and location may help some patients

In recognition of the fact that exercise regimes may not be enjoyable and convenient for many people, the 1996 U.S. Surgeon General's report, *Physical Activity and Health*,<sup>2</sup> recommended engaging in a moderate amount of non-exercise types of activities on most days of the week. To help define "moderate amount," the following chart was provided in the Surgeon General's report.

### Examples of Moderate Amounts of Activity

Washing and waxing a car for 45–60 minutes	 <p>Less Vigorous, More Time</p> <p>More Vigorous, Less Time</p>
Washing windows or floors for 45–60 minutes	
Playing volleyball for 45 minutes	
Playing touch football for 30–45 minutes	
Gardening for 30–45 minutes	
Wheeling self in wheelchair for 30–40 minutes	
Walking 1 ¾ miles in 35 minutes (20 min/mile)	
Basketball (shooting baskets) for 30 minutes	
Bicycling 5 miles in 30 minutes	
Dancing fast (social) for 30 minutes	
Pushing a stroller 1 ½ miles in 30 minutes	
Raking leaves for 30 minutes	
Walking 2 miles in 30 minutes (15 min/mile)	
Water aerobics for 30 minutes	
Swimming laps for 20 minutes	
Wheelchair basketball for 20 minutes	
Basketball (playing a game) for 15–20 minutes	
Bicycling 4 miles in 15 minutes	
Jumping rope for 15 minutes	
Running 1 ½ miles in 15 minutes (10 min/mile)	
Shoveling snow for 15 minutes	
Stairwalking for 15 minutes	

\*A moderate amount of physical activity is roughly equivalent to physical activity that uses approximately 150 Calories (kcal) of energy per day, or 1,000 Calories per week.

†Some activities can be performed at various intensities; the suggested durations correspond to expected intensity of effort.

## Background

A number of authorities have recommended that providers assess and counsel patients and parents regarding the adequacy of physical activity.<sup>3-5</sup>

Lack of physical activity coupled with poor nutrition constitute the second leading cause of preventable death and morbidity in the United States—leading to over 300,000 premature deaths yearly.<sup>6</sup> In recent years knowledge of the detrimental effects of lack of physical activity has increased greatly. These effects include: heart disease, diabetes mellitus, hypertension, obesity, osteoporosis, colon and breast cancer, and depression.

The beneficial effects of physical activity begin to accrue in childhood. Obesity during adolescence has been found to be a stronger predictor of adult heart disease than obesity during adulthood.<sup>7</sup> Physical activity patterns begun in childhood tend to be continued in adulthood. The rate of physical activity peaks and begins a steady decline at the early age of 13-14 years. This may be partially due to decreased availability of physical education classes in high schools. The percentage of high school students enrolled in daily physical activity classes dropped from 42% in 1991 to 25% in 1995.<sup>2</sup> Also, television watching and use of video games has increased among children and adolescents. At least one study as demonstrated an inverse relationship between hours of television watched and hours of physical activity for children.<sup>8</sup>

Medi-Cal beneficiaries may be particularly at risk from lack of physical activity due to low income and minority racial status. In California in 1995, 20% of adults reported no leisure-time physical activity, while for low income adults this was 35%, for African-Americans 27% and for Hispanics 37%.<sup>9</sup>

For older adults, regular weight bearing exercise has been shown to help prevent osteoporosis and hip fractures in post-menopausal women. For older adults in general, there is evidence that certain types of exercise and strengthening activities may reduce the number of falls.<sup>10</sup>

## Health Education Resource Listing

<b>Title</b>	<b>Format/ Lang.</b>	<b>Program Information</b>	<b>Tele/Fax/E-mail/Internet</b>
Easy Steps To Healthy Eating and Physical Activity For Your Family  It's A Healthy Thing!	Brochure  English Spanish	California Department of Health Services Cancer Prevention and Nutrition Section PO Box 942732, MS-662 Sacramento, CA 94234-7320	Phone: 1-888-EAT-FIVE (1-888-328-3483)  www.ca5aday.com
Description: Audience: general This brochure provides tips for being physically active and eating healthy. It also lists appropriate food serving sizes and lists foods that are plentiful in nutrition and great value.			

<b>Title</b>	<b>Format/ Lang.</b>	<b>Program Information</b>	<b>Tele/Fax/E-mail/Internet</b>
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Food on the Run: Healthy Eating and Physical Activity for Your Teenager	Brochure  English Spanish	California Department of Health Services California Project Lean PO Box 942732, MS-675 Sacramento, CA 94234-7320	Phone: (916) 323-4742 Fax: (916) 445-7571  www.dhs.ca.gov/lean
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**Description:**

Audience: parents of adolescents

This brochure discusses the benefits provided to teens by eating healthy and being physical active, explains why they typically do not choose to be physically active and to eat healthy foods, and list alternatives to eating “junk” and “fast food.” It also discusses how parents can motivate teens to become more active and provides information on how communities can promote a healthy lifestyle for teens.

It's Your Move...Get Active and Stay Healthy!	Brochure  English	California Department of Health Services Physical Activity and Health Initiative P.O. Box 942732, MS 675 Sacramento, CA 94234-7320	Phone: (916) 324-2233 Fax: (916) 324-7763
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**Description:**

Audience: general

This brochure discusses the importance and benefits of physical activity. It also explains how to increase physical activity, how to avoid injury, and other important information relating to physical activity.

Real Women Healthy Lives	Pamphlet  English	California Department of Health Services California Project Lean PO Box 942732, MS 675 Sacramento, CA 94234-7320	Phone: (916) 323-4742 Fax: (916) 445-7571  www.dhs.ca.gov/lean
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**Description:**

Audience: female

This pamphlet provides creative tips for eating more fruits and vegetables, making low-fat meals and improving physical activity. It gives information about California Project Lean and the California Nutrition Network and provides local contact information. It also explains how to order informational brochures, get information about referral services and other educational materials related to healthy eating and physical activity.

The Power Of Choice. Your Energy Wakeup Call.	Fact Sheet  English	California Project Lean PO Box 942732, MS 675 Sacramento, CA 94234-7320	Phone: (916) 323-4742 Fax: (916) 445-7571  www.dhs.ca.gov/lean
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**Description:**

Audience: general

This fact sheet recommends eating healthy lowfat foods and snacks, eating fruits and vegetables, and engaging in moderate physical activity in order to feel more energetic.

## Pregnancy Prevention

### Has your child started dating or going with boyfriends/girlfriends? (ages 9-11)

#### Suggested Follow-up Questions

*Asked of the child with parental permission or involvement*

- Are you feeling any pressure to have sex soon?
- Have any of your friends had sex?
- Do you have any questions about sex?

### Has your child become sexually active? (ages 9-11)

#### Suggested Follow-up Questions

- Why do you believe this?
- What type of sexual activity? (self, heterosexual, homosexual?)
- Have you spoken with your child about responsible sexuality and preventing pregnancy and sexually transmitted diseases, like AIDS?
- Would you like me, as your child's primary care provider, to talk with your child about responsible sexuality and preventing pregnancy and sexually transmitted diseases, like AIDS?

### Have you ever had sex? (ages 12-17, 18+)

### If yes, do you think that you or your partner could be pregnant? (ages 12-17, 18+)

#### Suggested Follow-up Questions

- Why do you think this?
- Do you or your partner desire pregnancy?
- Would you or your partner like a pregnancy test?
- What form of birth control are you using? What difficulties are you having with this?
- Would you like information on family planning services? *Inform patient of right to confidential services without parental consent.*

### If yes, have you had sex without using birth control in the last year? (ages 12-17, 18+)

#### Suggested Follow-up Questions

- How many times?
- Would you or your partner like to be pregnant?
- What difficulties are you having obtaining or using contraceptive and family planning materials and services?
- Has your failure to use birth control been related to using drugs or alcohol?
- (Females of childbearing age) Are you taking a folate supplement to help prevent neural tube defects in your child should you become pregnant?

### Did you or your partner use a condom the last time you had sex? (ages 12-17, 18+)

#### Suggested Follow-up Questions

- How often do you use a condom?
- Why do you not always use a condom?
- Do you know how to use condoms properly? Would you like information about this?

- What's the hardest thing about using condoms?
- Why should you use a condom—to prevent pregnancy, STDs, other reasons?
- Do you know how to obtain condoms without difficulty or embarrassment?

### Counseling Suggestions

The U.S. Public Health Service has provided the following suggestions for issues dealing with pregnancy prevention among adolescents in primary care:<sup>1</sup>

- Ask all adolescents about their sexual experiences and use of contraceptives from a nonjudgmental and empathetic manner. The discussion can first begin with questions about the patient's peer group, then move to more explicit questions about the patient's own sexual behavior. State your willingness to answer any questions and to provide contraception advice and prescriptions.
- Counsel adolescents individually, assuring the patient that you will maintain confidentiality to the maximum extent possible. (Information about sexual behavior and family planning cannot be revealed to parents without written permission from the adolescent).
- Counsel parents about the role of emerging sexuality in teenager's lives, desire for privacy, and the options for contraception. Effective communication between adolescents and their families regarding responsible sexual behavior is important.
- Support the decision of adolescents who choose to be sexually abstinent.
- All patients should be encouraged and supported in their efforts to resist unwelcome or coercive sexual relationships.
- Assist sexually active adolescents in choosing an effective, appropriate primary method of contraception. The choice should take into consideration the patients' personal preferences and motivation, religious beliefs, cultural norms, and the relationship with their partner.
- Encourage all sexually active adolescents to use condoms as a means of preventing pregnancy and STDs, even if they are using another form of contraception. Stress that latex condoms used consistently and effectively are an effective method for both pregnancy protection and disease prevention. Many teenagers are hesitant to purchase condoms. Educating teenagers about their rights to purchase condoms and about access to other sources of condoms can be useful. Making condoms available to teenagers during office visits is an effective way to making the patient gain access to condoms.
- Encourage adolescents of both sexes to talk frankly and be assertive with their partners about the use of contraceptives to prevent against pregnancy and STDs. Also stress that saying "no" is every person's right each and every time.
- Provide male adolescents with as much counseling as provided to females about contraception and STD prevention. Instruct young male adolescents about responsible sexual behavior at an early age, particularly regarding the importance of condom use.
- Provide adolescents with close follow-up after they begin using contraceptives. Adolescents often discontinue contraceptive use unnecessarily because of concerns about side effects and misconceptions about proper technique. Many such concerns and misconceptions can be easily dealt with in follow-up counseling.

The American College of Obstetricians and Gynecologists has issued the following suggestions for addressing adolescents common concerns about oral contraceptives.<sup>2</sup>

<b><u>Concern</u></b>	<b><u>Response</u></b>
Weight gain	Women are as likely to lose weight as gain weight while using oral contraceptives.
Irregular Bleeding	This is a common side effect that tends to resolve after a few cycles of use if oral contraceptives are taken consistently and at the same time every day.
Nausea, acne, and Vaginal Discharge	These are uncommon side effects. They can be eliminated by changing to a different type of pill.
Cancer risk	Oral contraceptives use decreases risk of endometrial and ovarian cancer. An increased risk of breast cancer is unproven.
Sexually Transmitted Diseases	Oral contraceptives use does not prevent STDs but does decrease the risk of developing pelvic inflammatory disease. Latex condoms are the only form of birth control that can help prevent STDs and HIV infection.
Ovarian cysts, benign breast disease	The incidence and severity of these are decreased by oral contraceptive use.
Blood clots	While the risk of thromboembolism in oral contraceptive users may be increased over that of the general population, the risk to teenagers, especially those who do not smoke, is minimal.

#### Background

The majority of pregnancies in the United States are unintended. Teenagers have a particularly high rate of unintended pregnancies (82%) that result in negative health effects for both children and mothers, as well as serious social consequences.<sup>3,4</sup> Every day, 173 unwed teenage girls give birth in California. Per 1,000 adolescent females 15-19 years of age living in California, 58 will give birth yearly. The birth rate for African American and Hispanic adolescents is almost twice that of white adolescents. Rates of unintended pregnancies in California have dropped in recent years but remain significantly higher than the nation's average.<sup>4</sup>

In the last several decades there has been a substantial increase in the percentage of adolescents engaging in sexual activity at a younger age. More than half of females and nearly two-thirds of males have had sex by their 18th birthday. On average, males begin having sex at a younger age compared to females and African-American adolescents begin sexual activity at younger ages than whites and Hispanics.<sup>5</sup>

Seven in ten pregnant teens did not use any method of contraception before becoming pregnant. Adolescents that start having sex at young ages are less likely to use contraception (on the average, after becoming sexually active, adolescents wait a year before beginning to use a contraceptive) and generally have more sexual partners and engage in higher risk behaviors such as alcohol and drug abuse before engaging in sex.<sup>5</sup> Other risk factors for unintended pregnancy include early use of alcohol, tobacco, and drugs; school problems, delinquency, physical aggression, living in disadvantaged neighborhoods, low family incomes, and living in single-parent households.

Unintended pregnancy is a major problem for women of all ages and their partners, as demonstrated by the high rates of unintended pregnancies among women aged 35-39 and 40-44 (56% and 77%, respectively). By counseling all women of childbearing age about their contraceptive needs and

making appropriate referrals, primary care providers can make a significant contribution to women's health and the health of their families.<sup>6</sup>

### Health Education Resource Listing

Title	Format/ Lang.	Program Information	Tele/Fax/E-mail/Internet
All About Condoms and Foam	Fact Sheet  English Spanish	California Department of Health Services Office of Family Planning  Distributed by: Education Programs Associates 1 West Campbell, Suite 40 Campbell, CA 95008-1039	Phone: (408) 374-3720
Description: <b>Ordering restricted to Family PACT providers only.</b> Audience: general This two-sided fact sheet explains how condoms and foam work together, discusses their effectiveness, explains both the benefits and problems associated with their use, and illustrates how to properly use both forms of birth control.			
All About Female Condoms	Fact Sheet  English Spanish	California Department of Health Services Office of Family Planning  Distributed by: Education Programs Associates 1 West Campbell, Suite 40 Campbell, CA 95008-1039	Phone: (408) 374-3720
Description: <b>Ordering restricted to Family PACT providers only.</b> Audience: females This two-sided fact sheet explains: how to use female condoms, their effectiveness and explains both the benefits and problems of female condoms.			
All About the Birth Control Pill	Fact Sheet  English Spanish	California Department of Health Services Office of Family Planning  Distributed by: Education Programs Associates 1 West Campbell, Suite 40 Campbell, CA 95008-1039	Phone: (408) 374-3720
Description: <b>Ordering restricted to Family PACT providers only.</b> Audience: females This two-sided fact sheet explains: how to use birth control pills, efficiency, side effects and explains both the benefits and problems associated with taking the pill.			

Title	Format/ Lang.	Program Information	Tele/Fax/E-mail/Internet
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All About the Birth Control Shot	Fact Sheet  English Spanish	California Department of Health Services Office of Family Planning  Distributed by: Education Programs Associates 1 West Campbell, Suite 40 Campbell, CA 95008-1039	Phone: (408) 374-3720
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Description: **Ordering restricted to Family PACT providers only.**

Audience: females

This two-sided fact sheet explains how the birth control shot is given, effectiveness, life span and side effects. It also explains both the benefits and problems associated with the shot. This handout does not identify the hormone being used in the shot.

All About the IUD (intrauterine device)	Fact Sheet  English Spanish	California Department of Health Services Office of Family Planning  Distributed by: Education Programs Associates 1 West Campbell, Suite 40 Campbell, CA 95008-1039	Phone: (408) 374-3720
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Description: **Ordering restricted to Family PACT providers only.**

Audience: females

This two-sided fact sheet explains: how the intrauterine device (IUD) is inserted, effectiveness, life span, side effects and explains both the benefits and problems associated with IUD use.

Choices	Fact Sheet  English Spanish	California Department of Health Services Office of Perinatal Health Maternal and Child Health Branch 714 P Street, Room 760 Sacramento, CA 95814	Phone: (916) 657-1338 Fax: (916) 657-3069
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Description:

Audience: women with an unplanned pregnancy

This fact sheet is derived from a set of comprehensive fact sheets in the psychosocial handout section from the "Steps to Take Guidelines for Enhanced Health Education, Nutrition, and Psychosocial Services." It provides a list of options that helps women with an unplanned pregnancy to determine whether or not they want to continue the pregnancy, if they want to parent the child, adopt the child out (through open or closed/private adoption), or abort the pregnancy.

Title	Format/ Lang.	Program Information	Tele/Fax/E-mail/Internet
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Family Pact	Fact Sheet	California Department of Health Services Office of Family Planning	Phone: (800) 848-7907 Fax: (888) 723-3667
	English	Distributed By: Electronic Data Systems	

Description: **Ordering restricted to Family PACT providers only.**

Audience: general

This fact sheet explains services, screening and testing provided by Family Pact.

How to Use A Condom (Rubber)	Booklet	California Department of Health Services Office of Family Planning	Phone: (800) 848-7907 Fax: (888) 723-3667
	English Spanish	Distributed by: Electronic Data Systems (EDS)  Contact No. 91-12538 Stock No.OF202/PB2254. June 1994.	

Description: **Ordering restricted to Family PACT providers only.**

Audience: general

This booklet illustrates proper condom use and care.

Uncertain about Pregnancy?	Fact Sheet	California Department of Health Services Office of Perinatal Health Maternal and Child Health Branch 714 P Street, Room 760 Sacramento, CA 95814	Phone: (916) 657-1338 Fax: (916) 657-3069
	English Spanish		

Description:

Audience: women with an unplanned pregnancy

This fact sheet is derived from a set of comprehensive fact sheets in the psychosocial handout section from the "Steps to Take Guidelines for Enhanced Health Education, Nutrition, and Psychosocial Services." It is targeted for women with an unplanned pregnancy providing a list of questions to help them determine whether or not they want to continue the pregnancy and if they want to parent the child.

Title	Format/ Lang.	Program Information	Tele/Fax/E-mail/Internet
What is Right for You? Choosing a Birth Control Method	Booklet  English Spanish	California Department of Health Services Office of Family Planning  Produced and distributed by Education Programs Associates 1 West Campbell, Suite 40 Campbell, CA 95008-1039	Phone: (408) 374-3720
Description: <b>Ordering restricted to Family PACT providers only.</b> Audience: general This booklet discusses birth control methods. It also explains how each birth control method is used as well as the benefits and problems associated with each method.			

#### WEB RESOURCES:

The Emergency Contraception Website	Internet Access		<a href="http://www.not-2-late.com">http://www.not-2-late.com</a>
Description: Audience: general Provides information, resources, and educational materials on emergency contraceptives.			
PATH: Program for Appropriate Technology in Health	Internet Access		<a href="http://www.path.org">http:// www.path.org</a>
Description: Audience: general Provides information, resources, and educational materials on emergency contraception and general reproductive health.			

# Psychosocial Adjustment

## Home and School Problems

### **Has your child had any problems at home or school?** (ages 4-8, 9-11)

#### Suggested Follow-up Questions

- What were the problems about?
- How did they affect your child's home life or school performance?
- How was the problem addressed? Did the child or parents receive counseling or other assistance?
- Is this still an active problem? If so, would you like assistance getting counseling or other help for your child or for you?

### **Do you live at home?** (ages 12-17)

#### Suggested Follow-up Questions

- Where do you live?
- Are you happy in this living situation?
- Is there anything about this living situation that makes you feel unhappy or unsafe?
- Who is your primary guardian?

### **Do you go to school?** (ages 12-17)

#### Suggested Follow-up Questions

- When did you stop going to school?
- Why did you stop going to school? (social, academic, financial factors?)
- What is the last grade you attended?
- Would you like to return to school?
- Would you like assistance with academic or career planning?

## Depression

### **Does your child often feel sad or depressed?** (ages 9-11)

### **Do you often feel sad, down, or hopeless?** (ages 12-17, 18+)

#### Suggested Follow-up Questions

- Has your child (or have you) experienced the following daily for at least two weeks? (Five or more, including depressed mood or diminished interest, may indicate the presence of major depression<sup>1</sup>)
  - Irritable or depressed mood
  - Markedly diminished interest and pleasure in almost all activities
  - Significant weight gain or weight loss
  - Too little or too much sleep
  - Agitation or feeling slowed down
  - Loss of energy
  - Feelings of worthlessness or guilt
  - Difficulty concentrating

- Recurring thoughts of death or suicide
- Is counseling and/or medication being used to treat depression?
- If you have thoughts of suicide, have you made a suicide attempt? Do you have any plans to harm yourself or anyone else now?
- What support is available from family, friends, or community resources?

### Counseling Suggestions

The American Medical Association has issued the following recommendations for adolescents:<sup>2</sup>

- All adolescents should be screened annually for signs and symptoms of recurrent or severe depression
- Special attention should be directed at adolescents who are performing poorly in school, who use alcohol or drugs, or who have a deteriorating relationship with parents or peers.
- Providers should also screen adolescents annually to identify those at risk for suicide.
- Parents or other adult caregivers of adolescents with suicide intent should be counseled to remove weapons and potentially lethal medications from the home.

The U.S. Public Health Service has issued the following general recommendations for depression screening:<sup>3</sup>

- Maintain a high index of suspicion for depression, especially with patients who have risk factors.
- Use the clinical interview or a written questionnaire to screen for depression.
- Elicit additional information by questioning family or caretakers.
- Identify and treat, if present, other possible causes for mood disorders, such as medical illness, medication use, or substance abuse. Keep in mind that some features of depression in elderly persons may be confused with symptoms of dementia and that disorientation, memory loss, and distractibility in the elderly may be signs of depression rather than dementia.
- Diagnose and proceed to treatment or referral of major depressive disorder if no other causes of mood changes are found (or if the depression continues after treatment of other causes of mood changes).

### Background

As many as 50% of patients with major depression seen in primary care are not recognized as suffering from this disorder.<sup>4</sup> Many important opportunities to treat this often debilitating disorder in primary care are missed. Anti-depressant medications are 50-60% effective at relieving symptoms.<sup>5</sup> The Agency for Health Care Policy and Research<sup>5</sup> has defined the major risk factors for depression as: prior episode(s) of depression, family history of depressive disorder, prior suicide attempt(s), female gender, postpartum period, medical co-morbidity, lack of social support, stressful life events, personal history of sexual abuse, and current substance abuse.

Suicide, which is often associated with depression, is the 9<sup>th</sup> leading cause of death in the United States. The highest rates of suicide are found among white males over the age of 65 years. Among younger age groups, adolescents and young adults are most at risk (suicide is the 3<sup>rd</sup> leading cause of death for those 15-24 years old), with males 20-30 years of age having the highest risk. Among minority groups, American Indians have suicide rates almost twice those of the population as a whole.<sup>6</sup> It is estimated that one-half to two-thirds of persons who commit suicide visit a health care provider in the preceding months and 10-40% in the preceding week. Many opportunities to prevent suicide through appropriate treatment, including medications and counseling, are missed in primary care.

### Health Education Resource Listing

Title	Format/ Lang.	Program Information	Tele/Fax/E-mail/Internet
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#### PSYCHOSOCIAL ADJUSTMENT: GENERAL

Mental Health and You	Brochure  English Spanish	National Mental Health Association Publications Order Department 1021 Prince Street Alexandria, VA 22314-2971	Phone: (703) 838-7534 or 1-800-969-6642 Fax: (703) 683-9226 TTY: 1-800-443-5959  e-mail: <a href="mailto:infoctr@nmha.org">infoctr@nmha.org</a> <a href="http://www.nmha.org">http://www.nmha.org</a>
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Description:

Audience: general

This brochure describes the characteristics of a mentally healthy person and includes a mental health checklist.

Publications Catalog	Catalog  English	National Mental Health Association Publications Order Department 1021 Prince Street Alexandria, VA 22314-2971	Phone: (703) 838-7534 or 1-800-969-6642 Fax: (703) 683-9226 TTY: 1-800-443-5959  e-mail: <a href="mailto:infoctr@nmha.org">infoctr@nmha.org</a> <a href="http://www.nmha.org">http://www.nmha.org</a>
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Description:

Audience: providers and health educators/professionals

This catalog lists abstracts and pricing structure for the Association's publications. This catalog also provides ordering information and contact information for the National Mental Health Association.

Stress: Coping With Everyday Problems	Brochure  English	National Mental Health Association Publications Order Department 1021 Prince Street Alexandria, VA 22314-2971	Phone: (703) 838-7534 or 1-800-969-6642 Fax: (703) 683-9226 TTY: 1-800-443-5959  e-mail: <a href="mailto:infoctr@nmha.org">infoctr@nmha.org</a> <a href="http://www.nmha.org">http://www.nmha.org</a>
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Description:

Audience: general

This brochure explains stress and gives suggestions for stress management.

<b>Title</b>	<b>Format/ Lang.</b>	<b>Program Information</b>	<b>Tele/Fax/E-mail/Internet</b>
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### **PSYCHOSOCIAL ADJUSTMENT: HOME AND SCHOOL PROBLEMS**

A Guide For Families Seeking Help For Their Children with Serious Emotional Disturbance	Booklet  English	National Mental Health Association Publications Order Department 1021 Prince Street Alexandria, VA 22314-2971	Phone: (703) 838-7534 or 1-800-969-6642 Fax: (703) 683-9226 TTY: 1-800-443-5959  e-mail: <a href="mailto:infoctr@nmha.org">infoctr@nmha.org</a> <a href="http://www.nmha.org">http://www.nmha.org</a>
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**Description:**

Audience: parents of children with behavioral, mental and emotional disorders

This booklet provides general information about children with “serious emotional disturbances” (SED). It explains where and how parents can seek professional assistance for their child. It also explains what parents should expect from their child’s school, discusses a child’s legal rights to special education and related services, and identifies mental health resources.

Coping With Mental Illness in the Family	Brochure  English	National Mental Health Association Publications Order Department 1021 Prince Street Alexandria, VA 22314-2971	Phone: (703) 838-7534 or 1-800-969-6642 Fax: (703) 683-9226 TTY: 1-800-443-5959  e-mail: <a href="mailto:infoctr@nmha.org">infoctr@nmha.org</a> <a href="http://www.nmha.org">http://www.nmha.org</a>
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**Description:**

Audience: family members living with a relative who has a mental illness

This brochure discusses: the prevalence of chronic mental illness in America, the social stigma of mental illness and discusses several coping strategies (such as researching more information, establishing a support network, taking time out for oneself, learning warning signals, seeking counseling, etc.).

Mental Illness in the Family  Part I: Recognizing the Warning Signs & How to Cope	Brochure  English	National Mental Health Association Publications Order Department 1021 Prince Street Alexandria, VA 22314-2971	Phone: (703) 838-7534 or 1-800-969-6642 Fax: (703) 683-9226 TTY: 1-800-443-5959  e-mail: <a href="mailto:infoctr@nmha.org">infoctr@nmha.org</a> <a href="http://www.nmha.org">http://www.nmha.org</a>
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**Description:**

Audience: family members living with a relative who has a mental illness

This brochure discusses: the symptoms of mental illness, the prevalence of chronic mental illness in America and the social stigma of mental illness. It also provides additional information and resources, and discusses several coping strategies with mental illness.

Title	Format/ Lang.	Program Information	Tele/Fax/E-mail/Internet
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### PSYCHOSOCIAL ADJUSTMENT: DEPRESSION

Facts for Families: The Depressed Child	Brochure Fact Sheet  English Spanish Dutch French	The American Academy of Child and Adolescent Psychiatry 3615 Wisconsin Ave., N.W., Washington, D.C. 20016-3007	Phone: 202-966-7300 Fax: 202-966-2891  e-mail: 74003.264@compuserve.com <a href="http://www.aacap.org">http://www.aacap.org</a>  *This brochure can be downloaded for free: <a href="http://www.aacap.org/publications/factsfam/depressd.htm">http://www.aacap.org/publications/factsfam/depressd.htm</a>
Description: Audience: parents of young children and teens This brochure discusses the signs of depression.			

Overcoming Depression In Later Life	Booklet  English	National Mental Health Association Publications Order Department 1021 Prince Street Alexandria, VA 22314-2971	Phone: (703) 838-7534 or 1-800-969-6642 Fax: (703) 683-9226 TTY: 1-800-443-5959  e-mail: <a href="mailto:infoctr@nmha.org">infoctr@nmha.org</a> <a href="http://www.nmha.org">http://www.nmha.org</a>
Description: Audience: seniors This booklet discusses signs and symptoms of clinical depression, types of treatment, common causes of clinical depression, and provides additional information and resources regarding depression.			

Reaching for the Light: A Resource Guide for Coping with Mental Health Problems	Booklet  English Spanish	Mental Health Association in California 1127 Eleventh Street, Suite 830 Sacramento, CA 95814	Phone: (916) 557-1167  *This booklet can be downloaded for free: <a href="http://www.mhac.org/rftlight.html">http://www.mhac.org/rftlight.html</a>
Description: Audience: general This booklet discusses: the difference between mental health and mental illness, when and how to seek professional help, therapy and types of treatment. It also discusses professional help for children, adolescents, and older adults. The booklet also explains: crisis/emergency procedures, severe mental disorders, paying for mental health care, and consumers' rights and responsibilities. It also provides information on hotlines, referral organizations, support groups, and association chapters in California.			

Title	Format/ Lang.	Program Information	Tele/Fax/E-mail/Internet
Surviving: Coping with Adolescent Depression and Suicide	Brochure Fact Sheet  English	The American Academy of Pediatrics 141 Northwest Point Boulevard Elk Grove Village, IL 60007-1098	Phone: (800) 443-9016 or (847) 434-4000 Fax: (847) 434-8000  <a href="http://www.aap.org">http://www.aap.org</a>  *This brochure can be downloaded for free: <a href="http://www.aap.org/family/suicide.htm">http://www.aap.org/family/suicide.htm</a>
Description: Audience: parents of teens This brochure discusses depression and suicide as being treatable and preventable.			

## Safety

*Please Note: general suggestions for safety counseling are located at the end of this section, on page 92.*

### **Automobile/Traffic Safety**

#### **Do you always put your child in a car seat and seat belt in the back seat of a car?**

(ages 0-3)

##### Suggested Follow-up Questions

- Why do you not always use a car seat?
- Do you know that use of a child safety seat or car booster seat is required by California law at all times for children less than 60 pounds and 6 years of age?
- Would you like referral to a low-cost car seat program?
- Would you like information on properly securing the car seat? *Many car seats are improperly secured by parents.*
- If your child ever rides in the front seat, is an airbag present? *This can cause severe injury or death for young children.*
- Are side airbags present in your car? *If so, the child should not sit next to the side of the car.*

#### **Does your child (Do you) always wear a seat belt when riding in a car?** (ages 4-8, 9-11, 12-17)

##### Suggested Follow-up Questions

- Why is a seat belt not always used?
- Do you check before starting each trip to make sure that your child's seatbelt is properly buckled?
- Does the shoulder belt fit properly—so that it crosses the center of the shoulder and does not cross the neck or face?
- Does the lap belt fit properly—so that it is flat across the child's upper thighs, not across the abdomen?
- Are shoulder belts installed in the back seat? *If not, kits for this are available from automobile dealers.*
- If the child is younger than six years old or weighs less than 60 pounds, is a booster seat used? *Booster seats can decrease injuries by positioning the seat belt more properly on the child's body.*

#### **Do you always walk around your car to check for children before backing out?** (ages 0-3)

##### Suggested Follow-up Questions

- Do you forget to check because of being in a hurry?
- Do you believe that you can see behind and around the car while in the driver's seat?

#### **Does your child ever play in the street or unsupervised in the front yard?** (ages 4-8)

##### Suggested Follow-up Questions

- What other, safer play areas are available—such as a back yard or park?
- Have you taught your child never to cross the street without adult supervision?
- Do you have family or friends who can provide supervision when you are unable?

## **Do you ever drive a car after drinking or ride in a car driven by someone who has been drinking?** (ages 12-17)

### Suggested Follow-up Questions

- How often?
- Do you or your friends ever use a “designated driver”?
- Do you believe that drinking alcohol slows your reaction time and clouds your judgement—leading to driving accidents?
- Do you know the legal blood alcohol limit for driving in California? (.01% for persons under 21 and .08% for persons 21 years of age or older) Do you know how many drinks would lead to this level for you? (Even one drink can cause a minor to be at or above the .01% legal limit)
- Are aware that you are guilty of a felony if someone is injured in an accident while you are driving with blood alcohol above the legal limit?

### Background

In California, with more than 17 million registered cars, motor vehicle occupant injuries are major contributors to mortality and morbidity rates. Adolescents are the highest risk group, with 72% of fatalities occurring in the 15-19 year age group. Males are particularly at risk, accounting for 68% of all fatalities.<sup>1,2</sup> The subgroup at highest risk for both fatal and nonfatal motor vehicle injuries is African American males 16-20 years old, followed closely by white males 16-20 years old.<sup>1,2</sup> Passenger restraints significantly reduce morbidity, improve long-term outcomes, and reduce health care costs. Most children who die in vehicle crashes are not using proper restraints: 68% of infants and toddlers, 74% of 5-9-year-olds, and 75% of 10-15-year-olds. Adolescents, the group at highest risk, use safety belts much less frequently than older passengers and drivers.<sup>1,2</sup> Alcohol is a major contributor to motor vehicle deaths and injuries, with adolescents and young adults having rates of alcohol-related motor vehicle crashes deaths more than twice that of the general population.<sup>1</sup>

Air bags can help to save many lives; however, they can pose risks for small children. To avoid being injured or killed by an inflating passenger-side air bag, infants less than one year old and less than 20 pounds should ride in the back seat, facing the rear of the car. The National Highway Transportation Safety Administration now recommends that all child safety seats be placed in the back seat, since the back seat is the safest place for children of any age. Booster seats help properly position seat belts for children weighing less than 60 pounds or younger than six years old who no longer use car seats.

## **Bicycling/Skating**

## **Does your child (Do you) always wear a helmet when riding a bike or skateboard?** (ages 4-8, 9-11, 12-17)

### Suggested Follow-up Questions

- Do you own a bike helmet for your child?
- Would you like a referral to a low cost bike helmet program?
- Does the child’s helmet fit properly so as to protect the forehead?
- Do you (the parent) provide a good example by always wearing a bicycle helmet?
- Does the child use wrist guards, elbow pads, and kneepads when skating or skateboarding?

### Background

Under California law, children under 18 years of age may not ride a bicycle, or be a passenger in an accessory seat or towed trailer in a public setting without wearing an approved bicycle helmet.<sup>3</sup> Bicycles are associated with more childhood injuries than any other consumer product, except cars.

Children and adolescents are disproportionately represented among those injured or killed. Head injury is the most common cause of death and serious disability in bicycle crashes. Head injuries account for 62% of bicycle-related deaths, for 33% of bicycle-related emergency department visits, and for 67% of bicycle-related hospital admissions. Rates of helmet use are the lowest among adolescents, who have the highest rate of bicycle-related head injuries. Individuals who begin using helmets as children are more likely to continue to use them as adults.<sup>2</sup>

Helmets reduce the risk of head injury by 85% and brain injury by 88%. Helmet use is cost-beneficial: it is estimated that every \$1 spent on bicycle helmets saves \$2 in medical costs. The subgroup at highest risk for both fatal and non-fatal bicycle injuries are 11- and 12-year-old white males. Males make up 86% of fatal bicycle injuries, and 79% of the nonfatal bicycle injuries. African Americans (at 25%) are over-represented among fatality victims less than 18 years of age.<sup>1,2</sup>

## **Burns**

### **Does your home have a working smoke detector?** (ages 0-3, 4-8)

#### Suggested Follow-up Questions

- Do you change the batteries at least yearly?
- Do you know how to check whether the batteries in the smoke detector are still good (push the “test” button)?
- Do you rent? If you rent the landlord may be responsible for providing working smoke detectors.
- If your home has bars on the windows, can these be removed from the inside to escape fire?
- Do you have a family escape plan? A fire extinguisher?

### **Does your home have water that comes from the faucet hot enough to burn your child?** (ages 0-3, 4-8)

#### Suggested Follow-up Questions

- Do you know the location of your hot water heater?
- Do you know how to adjust the temperature on your hot water heater so that it is no hotter than “medium”?
- Do you know how to check the temperature of your hot water so that it is not hotter than 120° F (49° C)? Inexpensive plastic-strip thermometers are available for this purpose in some children’s and hardware stores. Also, a candy thermometer can be used for this purpose.
- Do you know that even though water may not be hot enough to burn an adult’s skin, it may cause severe burns for an infant or young child in a matter of seconds?

#### Background

Injuries caused by fire and scalds are the second leading cause of deaths for children less than 5 years of age, and the third leading cause of injury and death for children less than 20 years of age. Most deaths for children take place in house fires, and 90% of these could be prevented by working smoke detectors. Risk factors for dying in a house fire include: age less than 5 years, poverty (because of substandard housing, use of unsafe heat sources, lack of working smoke detectors, etc.), and belonging to a minority group (particularly African American and Native American children).<sup>1,2</sup>

Scalds from hot liquids are the leading cause of non-fatal burn injury for children—particularly children under 4 years of age. Hot water burns account for the most serious scald burns among children. These occur mainly in the bathroom, largely as a result of adult failure to appreciate that young children experience burns quicker than adults and have less ability to escape from scalding water quickly. According to

studies, 50% or more of household water heaters may be set at a temperatures about 120° F, which can cause scalp burns quickly.<sup>4,5</sup>

## **Choking**

**Does your child eat foods that may cause choking such as nuts, popcorn, hotdogs, whole grapes, or hard candy?** (ages 0-3)

### Suggested Follow-up Questions

- Do you cut up foods to reduce the risks of choking?
- Have you learned CPR and how to treat a choking child?
- Does your child ever run or play while eating?
- Does your child play with toys that have small parts that might be swallowed?

### Background

More than 90% of choking deaths occur in infants and children younger than 5 years of age, and 65% occur in children younger than 2 years of age. The group most at risk of choking is infants less than one year.<sup>1,2</sup> Round foods were the most frequent cause of choking deaths. In decreasing order of frequency: hot dogs, candy, nuts, and grapes are often most cited for deaths. Careful preparation of foods and supervision of toys, as well as the prompt initiation of CPR and airway clearance procedures, such as the Heimlich maneuver, can prevent many of these choking deaths in children.

## **Drowning**

**Do you always stay with your child when she/he is in the bathtub?** (ages 0-3)

### Suggested Follow-up Question

- Do you know that young children can drown in just a few inches of water? *Never leave your young child alone in a bathtub, wading pool, or other container for even a moment. Older siblings should not be trusted to watch young children in bathtubs.*

**Does your child spend time at a house or apartment complex with a swimming pool or hot tub?** (ages 0-3, 4-8)

### Suggested Follow-up Questions

- Does a fence separate the pool or hot tub from the house so that children cannot get in without adult supervision?
- Does your child ever swim without an adult present? *Older siblings should not be trusted to watch young children in swimming pools.*

### Background

More than half of drowning fatalities involve youth under the age of 20 and 40 percent involve youth are children under the age of 4. Drowning is the fifth most frequent fatal injury among California youth, but is the leading fatal injury for preschoolers. Children between the ages of 1-4 drown most frequently in non-pool settings, such as bathtubs and wading pools.<sup>1,2</sup> All drowning of children could be prevented by proper adult supervision. Supervision by older children is often not sufficient and may lead to tragedy.

Adolescents are also particularly at risk for drowning. Young males are four times more likely than females to die of drowning. Adolescent males most frequently drown in natural bodies of water, often because of participating in risky behaviors, such as alcohol and drug use. Alcohol consumption is a contributing cause in 40-50% of drowning incidents involving adolescent males.<sup>1,2</sup>

According to California law, all swimming pools built after January 1998 must be protected by either a fence with self-locking gates, a safety pool cover, and exit alarms and self-closing, self-latching features on doors leading to the pool.<sup>6</sup>

## **Falls**

**Does your home have window guards and stair gates above the first floor?** (ages 0-3, 4-8)

### Suggested Follow-up Questions

- Is the space below and above window guards less than 2.5 inches, to prevent children from falling through?
- Do you keep furniture away from windows, to keep children from climbing?
- Do you use stair gates at both the top and bottom of stairs? Do you avoid using accordion-style stair gates? *These can trap a child's head.*

### Background

Falls are the leading cause of injury requiring hospitalization for persons less than 21 years of age in California. Falls are a major problem for children of both affluent and poor families. Males are hospitalized for falls at twice the rate of females. The rate of serious injuries from falls is decreasing moderately in California, perhaps as the result of improved home and playground safety.<sup>1,2</sup>

## **Poisoning**

**Does your home have cleaning supplies, medicines, and matches in a locked closet?** (ages 0-3, 4-8)

### Suggested Follow-up Question

- If not, why? *Inconvenience should not be an excuse.*
- Do you have childproof locks for your cabinets?

**Does your home have syrup of ipecac (the medicine used to cause vomiting) and the Poison Control phone number for emergencies?** (ages 0-3, 4-8)

### Suggested Follow-up Question

- Do you have access to a telephone that you can always count on for emergencies?
- Do you know the telephone number for the Poison Control Center and is it posted by the telephone or another place that is easy to find?
- Do you know how to use syrup of ipecac? *Patients should always call the Poison Control Center before giving syrup of ipecac.*

### Background

Poisoning is the 5<sup>th</sup> leading cause of injury, and the 10<sup>th</sup> leading cause of injury death for children under 21 in California. African American children are particularly at risk, with a poisoning injury rate twice

that of white and Hispanic children. Rates of poisoning are highest in children less than 5 years of age, primarily as a result of ingestion of medications. Adolescents also have high rates, largely due to ingestion of psychotropic agents and analgesics. Most deaths occur among adolescents.<sup>1,2</sup>

## **Sudden Infant Death Syndrome (SIDS)**

**Do you always put your child to sleep on his/her back, if younger than 12 months of age?** (ages 0-3)

### Suggested Follow-up Questions

- How often do you put your child to sleep on his/her stomach or side?
- Do you know what SIDS is?
- Do you believe that it is dangerous for a child to sleep on his/her back if vomiting or spitting up?
- Do you avoid using soft bedding or pillows in your infant's crib?
- Do you avoid exposing your infant to tobacco smoke, which can increase the risk of SIDS and other illnesses?

### Background

SIDS is the primary cause of infant death outside of the neonatal period. Although the exact etiology of SIDS is unknown, epidemiological evidence suggests that it is triggered by nonsupine sleeping in infants with prenatal risk factors during a vulnerable period of postnatal development.<sup>7</sup> The rate of SIDS deaths in the California has decreased by almost 50% in the last 6 years, probably as a result of the "Back to Sleep" campaign to inform parents about important risk factors, particularly prone or side sleeping positions.<sup>8</sup> Low birth weight, prenatal smoking, exposure of infants to cigarette smoke, usage of too many blankets or clothes, young maternal age, higher parity, low level of maternal education, and single motherhood are other risk factors for SIDS.<sup>7</sup>

## **Sun Exposure**

**Does your child (Do you) often spend time outdoors without sunscreen or other protection such as a hat or shirt?** (ages 0-3, 4-8, 9-11, 12-17, 18+)

### Suggested Follow-up Questions

- Do you know that sun exposure leads to early aging of the skin and skin cancer?
- Is there a history of skin cancer in the family?
- Would you like information about the proper use of sunscreens? *Use of sunscreens with an SPF rating of less than 15 and staying out in the sun after sunscreen has washed off provides little protection and may actually increase the risk of skin cancer.*

### Background

Skin cancer of all types is increased in frequency by prolonged sun exposure. In the past two decades the incidence of malignant melanoma has increased 4% per year, with mortality increasing 2% per year. Because of its early age of onset and resistance to treatment in advanced stages, malignant melanoma is second among adult-onset cancers in terms of potential years of life lost per death. Children with intermittent, intense sun exposure or severe sunburns are at increased risk of developing malignant melanoma as adults. Risk is directly related to lightness of skin pigmentation, with whites having an incidence rate 4 times that of Hispanics, and 9 times that of African Americans.<sup>9</sup>

The best measure for prevention of skin cancer is avoidance of sun exposure, especially between the hours of 10:00 AM and 3:00 PM, and use of protective clothing. Use of sunscreen providing protection

against both UVA and UVB radiation may be beneficial, but not if used as a reason for staying out in the sun longer or after the sunscreen has washed off.<sup>9</sup>

## **Weapons**

**Does your child (Do you) spend time in a home where a gun is kept?** (ages 0-3, 4-8, 9-11, 12-17)

### Suggested Follow-up Question

- Is the gun and ammunition kept locked up?
- Is it necessary to keep a gun in the home? Could another place of storage or another form of protection be used?
- (Parents) Have you considered restricting your child's access to places where guns are present?

**Does your child spend time with any friends who carry a gun, knife, club, or other weapon?** (ages 9-11)

**Have you ever carried a gun, knife, club, or other weapon?** (ages 12-17)

### Suggested Follow-up Questions

- What type of weapon?
- Why is the weapon carried?
- Have these weapons been used to harm people or property?
- Are you (or your child) a member of a gang?
- (Parents only) Have you tried to limit your child's exposure to friends and others carrying weapons?
- (Adolescents and adults) Have you tried to limit your exposure to the situation that makes you feel that carrying a weapon is necessary?

### Background

Men, young adults, teenagers, and minority group members (particularly African Americans and Hispanics) are at high risk for homicide involving firearms. For African Americans males 15-19 years of age, firearm homicide has been the leading cause of death every year since 1969. Firearms are used in 68% of all homicides and in 80% of homicides involving teenagers.<sup>1,2</sup> Firearms accessible in the home also are involved in many teen suicides and accidental shootings.

Although it is illegal for minors to buy guns, they can easily get them from older friends, unknowing parents, and illegal street sales. Children are at risk of being killed or injured by a gun if their parents own a gun, because many guns are kept loaded and within reach of children. A gun in the home is more likely to be involved in the death of a family member or friend than an intruder. Firearms are widely accessible in California. Twenty-nine percent of California residents report having a firearm in their home; with 77% of these being handguns. Twenty-nine percent of guns in homes in California are constantly loaded, and 45% of gun owners report that their guns are never locked up.

The American Academy of Pediatrics has stated:

“ The Academy urges all adolescent health care providers to promote the responsibility of every family to create a gun-safe home environment. This includes asking about the presence of guns in the home; counseling patients, parents, and relatives (particularly male relatives) on the dangers of having a gun, especially a handgun, in the home; advising removal or reduction of guns in the household; providing office literature on the risks of guns; and emphasizing gun safety rules when

patients visit friends' homes. Asking about the presence of a gun in the home and, if one is present, counseling on its removal or secured storage may be the most effective action the primary care clinician can take.<sup>10</sup>

The American Academy of Pediatrics and the Center to Prevent Handgun Violence have suggested a model for counseling parents about the dangers of keeping a gun in the home:<sup>11</sup>

“You are doing all you can to make sure your children are not hurt—by using a car seat, buckling up safety belts in your car, locking away poisonous chemicals, and putting safety latches on kitchen cabinets. Along with these safety measures, I urge you to take another. Easy-to reach, loaded guns are risky. The safest thing for your family is not to have a gun at home. If you keep a gun at home, be sure to empty it out and lock it up at all times. Lock and store the bullets in a separate location.”

The U.S. Public Health Service has recommended:<sup>12</sup>

Advise parents to inquire about the availability of guns in places their children spend time, such as friends' houses, schools, and recreational facilities. Suggest to parents that limiting their children's access to these places may be wise until guns are no longer available. Encourage parents to take an active role in limiting the availability of guns in their children's environment.

#### General Suggestions for Safety Counseling

The American Academy of Pediatrics has issued general recommendations for safety counseling. Excerpts of these are summarized below<sup>13,14</sup>

- The provider must be able to effectively influence families to take appropriate safety precautions without encouraging overprotectiveness in the too-anxious, over-concerned parent. The provider must inspire safety without raising unnecessary fears.
- The provider must contend with the fact that families who are most at risk (those who are overwhelmed with emotional difficulties, family upheaval, drug or alcohol problems, or psychologically or physically impaired children) are probably also the most difficult to motivate constructively.
- For safety practices that involve continuous vigilance, providers need to reiterate cautionary advice frequently in order to maintain parental awareness.
- Ask parents what will make it hard for them to establish the safety practices you recommend. Ask them to come up with ways they can make these practices a habit.
- Stress that injuries pose the greatest threat to their child's life. Talk about protecting their child against possible death and disability by adopting the recommended behaviors.
- Use printed materials in providing counseling, such as those of The Injury Prevention Program (TIPP).
- Record the counseling you provide in the medical record.

The U.S. Public Health Service has issued the following recommendations for safety counseling.<sup>15</sup>

- Encourage parents to learn basic life-saving skills, including cardiopulmonary resuscitation (CPR)
- Counsel parents to teach their children to dial 911 or other local emergency numbers.
- Encourage parents to teach their children self-esteem and how to handle peer pressure that might result in risk-taking behavior that may interfere with making good safety decisions.
- Encourage parents to be good role models for safe behavior. In particular, counsel parents to avoid drinking alcohol before or while driving, to always wear a seat belt and bicycle helmet, and to drive within the posted speed limit.
- Be attentive to issues involving limited parental and community access to resources for child safety. Be aware of programs in your practice community offering affordable, reliable

equipment, devices, and assistance for parents of limited means, and have referrals to these sources available at the time of counseling.

### Health Education Resource Listing

Title	Format/ Lang.	Program Information	Tele/Fax/E-mail/Internet
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#### SAFETY: GENERAL

<p>Be Safe, Not Sorry</p> <p>*These are separate fact sheets for the following age groups:  0-6 months  7-12 months  1-3 years  4-5 years  6-8 years  9-12 years  13-16 years  17-20 years</p>	<p>Fact Sheets</p> <p>English  Spanish  Vietnamese</p>	<p>California Center For Childhood Injury Prevention  SDSU – Maternal and Child Health Division  6505 Alvarado Road, Suite 208  San Diego, CA 92120</p>	<p>Phone: (619) 594-3691  Fax: (619) 594-1995</p>
<p>Description:  Audience: parents, children and teens  These child safety fact sheets are designed for a low literacy reading level and are divided by the following age groups: 0-6 months, 7-12 months, 1-3 years, 4-5 years, 6-8 years, 9-12 years, 13-16 years and 17-20 years. Parents/caregivers should be given the safety sheet that best fits the child's age group or the age group the child is moving into. The safety sheets discuss a variety of safety issues and injury prevention measures such as falling, drowning, burning, poisoning, firearms, bicycles, violence, sports, car safety, alcohol and drug prevention. The safety sheets also provide important telephone numbers such as Poison Control and the Child Abuse Hotline.</p>			

<p>Home Injury Fact Sheet:  Introduction and Instructions</p>	<p>Fact Sheets</p> <p>English  Spanish</p>	<p>California Child Care Health Program  SDSU – Maternal and Child Health Division  6505 Alvarado Road, Suite 208  San Diego, CA 92120</p>	<p>Phone: (619) 594-3691  Fax: (619) 594-1995</p>
<p>Description:  Audience: providers and health educators/professionals  These fact sheets describe the Safe Home Assessment Program, which is designed to assist parents in providing a safe home environment for their children according to their developmental stage. There are three separate Safe Home Checklists that cover safety issues for children within the following age groups: 0-6 months, 6-12 months and 1-3 years. The checklists cover a variety of issues such as crib safety, bedroom safety, motor vehicle safety, water safety, general home safety, kitchen/dining area safety, and indoor/outdoor play safety information. The fact sheets also provide additional resources and contact information.</p>			

<b>Title</b>	<b>Format/ Lang.</b>	<b>Program Information</b>	<b>Tele/Fax/E-mail/Internet</b>
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Oral-Facial Injury Prevention Flip Chart	Flipchart  English Spanish	California Department of Health Services Office of Dental Health Services PO Box 942732, MS 725 Sacramento, CA 94234-7320	(916) 445-2510
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**Description:**

Audience: providers and health educators/professionals

This flipchart provides background information on: oral-facial injuries among school age children during sports and recreational activities, the safety rules children need to learn in order to prevent oral-facial injuries, and dental first aid information for minor dental emergencies. It also provides information on the importance of using mouthguards during sports and recreational activities to prevent oral-facial injuries, types of mouthguards, characteristics of an ideal mouthguard, and mouthguard care.

Play It Safe Play It Smart  *These are separate fact sheets for the following age groups: 9-12 years 13-16 years 17-20 years	Fact Sheets  English Spanish Thang Tuoi	California Center For Childhood Injury Prevention SDSU – Maternal and Child Health Division 6505 Alvarado Road, Suite 208 San Diego, CA 92120	Phone: (619) 594-3691 Fax: ( 619) 594-1995
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**Description:**

Audience: pre-teens and teens

These safety fact sheets are divided by the following age groups: 9-12 years, 13-16 years and 17-20 years. The fact sheets discuss a variety of safety issues and injury prevention measures related to automobile, bicycle, water, firearm, and sports safety. The sheets also discuss the importance of having respect for others, anger and violence management, depression and suicide outreach, and the dangers of alcohol and drug abuse.

<b>Title</b>	<b>Format/ Lang.</b>	<b>Program Information</b>	<b>Tele/Fax/E-mail/Internet</b>
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<p>Safety For Your Child</p> <p>*These are separate fact sheets for the following age groups:  Birth-6 months  6-12 months  1-2 years  2-4 years  5 years  6 years  8 years  10 years</p>	<p>Fact Sheets</p> <p>English</p>	<p>TIPP – The Injury Prevention Program  American Academy of Pediatrics  Department of Publications  141 Northwest Point Blvd  Elk Grove Village, IL 60009</p>	
<p>Description:  Audience: parents  These safety sheets are divided by the following age groups: Birth-6 months, 6-12 months, 1-2 years, 2-4 years, 5 years, 6 years, 8 years, and 10 years. The fact sheets discuss a variety of safety issues and injury prevention measures related to fall, burn, automobile, bicycle, poison, water, pedestrian, firearm, and sports safety.</p>			

#### **SAFETY: AUTOMOBILE/TRAFFIC SAFETY**

<p>Air Bag Warning!  For Babies and Children</p>	<p>Fact Sheet</p> <p>English  Spanish</p>	<p>SafetyBeltSafe U.S.A.  P.O. Box 553  Altadena, CA 91003</p>	<p>Phone: (310) 673-2666 or (800) 745-SAFE</p>
<p>Description:  Audience: parents of infants, toddlers and young children  This fact sheet discusses the dangers of air bags, the importance of always buckling up infants facing the rear of the car and the importance of teaching young children to always ride buckled up in the back seat.</p>			

<p>One-Minute Safety Checkup</p>	<p>Fact Sheet</p> <p>English  Spanish</p>	<p>Safe Ride News Publications  117 E. Louisa Street  P.O. Box 290  Seattle, WA 98102</p>	
<p>Description:  Audience: parents of infants and toddlers  This fact sheet provides a checklist related to correct child car seat use.</p>			

<b>Title</b>	<b>Format/ Lang.</b>	<b>Program Information</b>	<b>Tele/Fax/E-mail/Internet</b>
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### **SAFETY: CHOKING**

Choking and Suffocation Prevention: How You Can Prevent Choking and Suffocation	Fact Sheet  English	California Child Care Health Program San Diego State University 6505 Alvarado Road, Suite 108 San Diego, CA 92120	Phone: (800) 333-3212
Description: Audience: parents of infants and toddlers This fact sheet discusses how a parent can prevent their child from choking or suffocating. It also lists the foods, toys, and objects that should be avoided to prevent choking.			

### **SAFETY: DROWNING**

A Guide Book for Preventing Childhood Drowning	Booklet  English	County of Orange Health Care Agency Public Health – Injury Prevention and Control Childhood Injury Prevention Program Immersion Injury Prevention Project P.O. Box 355, Bldg. 62 Santa Ana, CA 92702	Phone: (714) 834-5728 Fax: (714) 834-3492
Description: Audience: parents of toddlers and young children This booklet discusses ways of preventing young children from drowning. This guidebook explains how and why drownings and near-drowning incidents occur and how they can be prevented (through effective supervision, barriers, emergency procedures, and communicating with other adult supervisors).			

Kids Aren't Drown Proof...Fence Your Pool!  (1-2 years)	Fact Sheet  English Spanish	SDSU - Maternal and Child Health Division 6505 Alvarado Road, Suite 208 San Diego, CA 92120	Phone: (619) 594-3691 Fax: (619) 594-1995
Description: Audience: parents of toddlers between the ages of 1-2 This fact sheet provides a checklist to ensure a pool is drown proof.			

<b>Title</b>	<b>Format/ Lang.</b>	<b>Program Information</b>	<b>Tele/Fax/E-mail/Internet</b>
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Pool Safety Checklist	Fact Sheet  English	SDSU - Maternal and Child Health Division 6505 Alvarado Road, Suite 208 San Diego, CA 92120	Phone: (619) 594-3691 Fax: (619) 594-1995
Description: Audience: parents of infants and toddlers This one page fact sheet provides parents with a checklist for pool safety.			

### **SAFETY: FALLS**

Fall Prevention	Fact Sheet  English	California Child Care Health Program San Diego State University 6505 Alvarado Road, Suite 108 San Diego, CA 92120	(800) 333-3212
Description: Audience: parents of infants and toddlers This fact sheet discusses a variety of ways in which parents can prevent their children from falling by making their home "child safe" and by discouraging certain behaviors.			

### **SAFETY: POISONING**

LEAD: Simple Things That You Can Do to Prevent Childhood Lead Poisoning	Fact Sheet  English Spanish	California Department of Health Services Childhood Lead Poisoning Prevention Branch 1515 Clay Street, Suite 1801 Oakland, CA 94612	Phone: (510) 622-5000
Description: Audience: parents of infants and toddlers This fact sheet lists ways in which a parent can prevent childhood lead poisoning.			

Protect Your Child From Iron Poisoning: Too Many Pills With Iron Can Kill Your Child!	Fact Sheet  English Spanish	California Department of Health Services Warehouse 1037 North Market Boulevard, Suite 9 Sacramento, CA 95834	
Description: Audience: parents of toddlers and young children This fact sheet discusses iron poison prevention.			

<b>Title</b>	<b>Format/ Lang.</b>	<b>Program Information</b>	<b>Tele/Fax/E-mail/Internet</b>
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Provider Alert: Iron Poisoning is a Danger to Small Children!	Fact Sheet  English	California Department of Health Services Warehouse 1037 North Market Boulevard, Suite 9 Sacramento, CA 95834	
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**Description:**

**Audience:** providers and health educators/professionals

This fact sheet discusses the dangers of iron poisoning to small children, discusses basic pharmacology and pathophysiology, explains why iron poisoning is common, provides information on the emergency actions that should be taken when a child ingests iron tablets, and provides counseling guidelines to prevent childhood iron poisoning.

Testing Your Child For Lead	Fact Sheet  English	California Department of Health Services Childhood Lead Poisoning Prevention Branch 1515 Clay Street, Suite 1801 Oakland, CA 94612	Phone: (510) 622-5000
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**Description:**

**Audience:** parents and caregivers of young children

This fact sheet explains a variety of topics regarding lead poisoning such as blood lead testing, the dangers of lead poisoning, and explains where lead can found in the home.

You Can Prevent Iron Poisoning	Poster  English Spanish	California Department of Health Services Warehouse 1037 North Market Boulevard, Suite 9 Sacramento, CA 95834	
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**Description:**

**Audience:** parents of toddlers and young children

This brightly colored poster explains iron poisoning, lists poison prevention tips, and explains what parents should do if they suspect their child has eaten iron tablets.

<b>Title</b>	<b>Format/ Lang.</b>	<b>Program Information</b>	<b>Tele/Fax/E-mail/Internet</b>
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#### **SAFETY: SUDDEN INFANT SYNDROME (SIDS)**

Babies Sleep Safest on Their Backs: Reduce the Risk of Sudden Infant Death Syndrome	Fact Sheet  English	Back to Sleep Campaign National Institute of Child Health and Human Development 31 Center Drive, Room 2A32 Bethesda, MD 20892-2425	Phone: (800) 505-2742  <a href="http://www.nichd.nih.gov">http://www.nichd.nih.gov</a>  *This fact sheet can be downloaded for free at: <a href="http://www.nichd.nih.gov/sids/reduce_infant_risk.htm">http://www.nichd.nih.gov/sids/reduce_infant_risk.htm</a>
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Description:  
Audience: parents of infants  
This fact sheet defines SIDS and reviews risk factors associated with SIDS. It also discusses the importance of placing a baby to sleep on his/her back, as well as other measures to prevent SIDS.

Babies Sleep Safest on Their Backs: Reduce the Risk of Sudden Infant Death Syndrome  (African American Outreach Parent Brochure)	Fact Sheet  English	Back to Sleep Campaign National Institute of Child Health and Human Development 31 Center Drive, Room 2A32 Bethesda, MD 20892-2425	Phone: (800) 505-2742  <a href="http://www.nichd.nih.gov">http://www.nichd.nih.gov</a>  *This fact sheet can be downloaded for free at: <a href="http://www.nichd.nih.gov/sids/sleep_risk.htm">http://www.nichd.nih.gov/sids/sleep_risk.htm</a>
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Description:  
Audience: African American parents of infants  
This fact sheet defines SIDS and reviews risk factors associated with SIDS. It also discusses the importance of placing a baby to sleep on his/her back, as well as other measures to prevent SIDS.

How to Lower the Risk of SIDS in the African American Community	Brochure  English	California SIDS Program 5330 Primrose Drive, Suite 231 Fair Oaks, CA 95628-3542	Phone: (800) 369-SIDS (CA only) or (916) 536-0146 Fax: (916) 536-0167  e-mail: <a href="mailto:casidsprogram@sprintmail.com">casidsprogram@sprintmail.com</a>
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Description:  
Audience: parents of infants  
This brochure defines SIDS and lists ways to reduce the risk of SIDS. It discusses the importance of placing a baby to sleep on his/her back, as well as other measures to prevent SIDS.

Title	Format/ Lang.	Program Information	Tele/Fax/E-mail/Internet
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Reduce the Risk of Sudden Infant Death Syndrome	Brochure  English Spanish	California SIDS Program 5330 Primrose Drive, Suite 231 Fair Oaks, CA 95628-3542	Phone: (800) 369-SIDS (CA only) or (916) 536-0146 Fax: (916) 536-0167  E-mail: casidsprogram@sprintmail.com
Description: Audience: parents of infants This brochure defines SIDS and reviews risk factors associated with SIDS. It also discusses the importance of placing a baby to sleep on his/her back, as well as other measures to prevent SIDS.			

Standards for Social Work: Sudden Infant Syndrome	Pamphlet  English	California SIDS Program 5330 Primrose Drive, Suite 231 Fair Oaks, CA 95628-3542	Phone: (800) 369-SIDS (CA only) or (916) 536-0146  E-mail: casidsprogram@sprintmail.com
Description: Audience: social workers and health care professionals This pamphlet lists standards and guidelines for professionals interacting with individuals and families who are involved with SIDS. These standards do not cover every aspect the social worker may encounter, but will help define issues, identify involved agency and community personnel, and facilitate appropriate interventions.			

Sudden Infant Death Syndrome Fact Sheet	Fact Sheet  English	National Institute of Child Health and Human Development Public Information and Communications Branch	<a href="http://www.nichd.nih.gov">http://www.nichd.nih.gov</a>  *This fact sheet can be downloaded for free at: <a href="http://www.nichd.nih.gov/publications/pubs/sidsfact.htm">http://www.nichd.nih.gov/publications/pubs/sidsfact.htm</a>
Description: Audience: parents of infants This fact sheet defines SIDS and reviews risk factors associated with SIDS. It also discusses the importance of placing a baby to sleep on his/her back, as well as other measures to prevent SIDS.			

## **SAFETY: SUN EXPOSURE**

For Every Child Under The Sun: A Guide to Sensible Sun Protection	Brochure  English	The Skin Cancer Foundation PO Box 561 New York, NY 10156	Phone: 1-800-SKIN-490  e-mail: <a href="mailto:info@skincancer.org">info@skincancer.org</a> <a href="http://www.skincancer.org">http://www.skincancer.org</a>
Description: Audience: parents This brochure discusses the importance of sun safety and discusses the common misconceptions of skin cancer. It also discusses the personal risk factors associated with skin cancer and lists ten steps for sun protection.			

<b>Title</b>	<b>Format/ Lang.</b>	<b>Program Information</b>	<b>Tele/Fax/E-mail/Internet</b>
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Parents! Protect Your Children and Yourselves From Too Much Sunlight	Fact Sheet  English	California Department of Health Services Skin Cancer Prevention Program P.O. Box 942732, MS-662 Sacramento, CA 94234-7320	Phone: (916) 322-2154 Fax: (916) 323-1835  e-mail: <a href="mailto:skincanc@dhs.ca.gov">skincanc@dhs.ca.gov</a> <a href="http://www.ca5aday.com/programs/skin/skin.htm">http://www.ca5aday.com/programs/skin/skin.htm</a>  *This fact sheet can be downloaded for free: <a href="http://www.ca5aday.com/pdf/skin_parents.pdf">http://www.ca5aday.com/pdf/skin_parents.pdf</a>
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**Description:**

Audience: parents

This fact sheet discusses the importance of sun safety and the personal risk factors and conditions associated with skin cancer. It also explains the three major forms of skin cancer and lists recommended strategies for reducing skin cancer.

Sun Safety: A Brief Summary	Fact Sheet  English	California Department of Health Services Skin Cancer Prevention Program P.O. Box 942732, MS-662 Sacramento, CA 94234-7320	Phone: (916) 322-2154 Fax: (916) 323-1835  e-mail: <a href="mailto:skincanc@dhs.ca.gov">skincanc@dhs.ca.gov</a> <a href="http://www.ca5aday.com/programs/skin/skin.htm">http://www.ca5aday.com/programs/skin/skin.htm</a>  *This fact sheet can be downloaded for free: <a href="http://www.ca5aday.com/pdf/skin_summary.pdf">http://www.ca5aday.com/pdf/skin_summary.pdf</a>
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**Description:**

Audience: general

This fact sheet discusses the personal risk factors associated with skin cancer. It also lists recommended strategies for reducing skin cancer and ultraviolet rays.

## **SAFETY: WEAPONS**

Every 2 Hours Someone's Child is Killed With a Loaded Gun: A Gun in the Home is a Danger to Your Family	Fact Sheet  English Spanish	Center To Prevent Handgun Violence 1225 Eye Street, N. W., Suite 1100 Washington, D.C. 20005	Phone: (202) 289-7319
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**Description:**

Audience: parents and caregivers of children

This fact sheet explains the dangers of having a loaded gun in a home and also provides federal resource information.

Title	Format/ Lang.	Program Information	Tele/Fax/E-mail/Internet
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Store Guns Properly	Fact Sheet  English Spanish	Monterey County Health Department Violent Injury Prevention Program 1200 Aguajito Road, Suite 103 Monterey, CA 93940	Phone: (408) 647-7949
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Description:  
Audience: parents who own firearms  
This fact sheet is targeted for firearm owners and lists the most effective ways to ensure their household firearms are securely stored and kept away from children.

#### WEB RESOURCES: GENERAL SAFETY

American Academy of Pediatrics	Internet Access		<a href="http://www.aap.org">http://www.aap.org</a>
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Description:  
Audience: general  
Search under keyword "injury." Provides information on a number of childhood injuries and prevention strategies.

American Association of Poison Control Centers	Internet Access		<a href="http://www.aapcc.org">http://www.aapcc.org</a>
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Description:  
Audience: general  
Provides information, resources, and educational materials on poison prevention.

Bright Futures	Internet Access		<a href="http://www.brightfutures.org">http://www.brightfutures.org</a>
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Description:  
Audience: general  
The goal of Bright Futures is to respond to current and emerging preventive and health promotion needs of infants, children, adolescents, families, and communities. The Bright Futures web site has been designed to meet those needs.

NHTSA (National Highway Traffic Safety Administration)	Internet Access		<a href="http://www.nhtsa.dot.gov">http://www.nhtsa.dot.gov</a>
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Description:  
Audience: general  
Provides resources on child passenger safety.

<b>Title</b>	<b>Format/ Lang.</b>	<b>Program Information</b>	<b>Tele/Fax/E-mail/Internet</b>
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Safety Belt Safe USA	Internet Access		<a href="http://www.carseat.org">http://www.carseat.org</a>
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Description:  
Audience: general  
Provides information on child passenger safety.

Safe Ride News	Internet Access		<a href="http://www.saferidenews.com">http://www.saferidenews.com</a>
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Description:  
Audience: general  
Provides resources on child passenger safety.

## Sexually Transmitted Diseases and HIV Prevention

**Do you think you or your partner could have a sexually transmitted disease?** (ages 12-17, 18+)

### Suggested Follow-up Questions

- Tell me more about this.
- What are your (your partner's) symptoms? Did you know that you could have an STD or HIV without having symptoms?
- Would you like to speak to someone about testing for STDs and HIV? The results will be confidential.

**Did you or your partner use a condom the last time you had sex?** (ages 12-17, 18+)

### Suggested Follow-up Questions

- How often do you use a condom?
- When is it most difficult to use a condom?
- Do you know how to use condoms properly? Would you like information about this?
- What's the hardest thing about using condoms?
- Do you use a condom—to prevent pregnancy, STDs, other reasons?
- Do you know how to obtain condoms without difficulty or embarrassment?

**Have you or your partner had sex with other people in the last year?** (ages 12-17, 18+)

### Suggested Follow-up Questions

- How many people have you had sex with in the past year? Do you have sex with males, females, or both sexes? How many people has your partner had sex with?
- Do you think that any of your partners may have had a sexually transmitted disease, including HIV?
- Do you think that any of your partners may have injected drugs of any kind?
- Do you know how to reduce your risk of getting an STD or becoming pregnant?
- Would you like information on sexually transmitted diseases and HIV?

### Counseling Suggestions

The U.S. Public Health Service has provided the following suggestions for issues dealing with STD prevention in primary care:<sup>1</sup>

- Determine every patient's risk for STDs (including HIV), and tailor counseling to the behaviors, circumstances, and special needs of the particular patient.
  - Risk-reduction messages must be personalized and realistic.
  - Counseling should be culturally appropriate, sensitive to the issues of sexual identity, developmentally appropriate, and linguistically specific.
  - Provide patients with materials about HIV transmission and prevention that are appropriate for their culture and educational level.
- Advise all patients that any unprotected sexual behavior poses a risk for STDs and HIV infection.
  - A person who is infected can infect others during oral sex and sexual intercourse, even if no symptoms are present.

- Caution patients to avoid all forms of unprotected sexual activity with persons who may be infected with HIV, those who have had any STD, or individuals with multiple or anonymous sex partners.
  - Advise patients against making any decisions about sexual intercourse while they are under the influence of alcohol or other drugs that may cloud their judgement and permit risk-taking behavior.
- Provide patients with educational and information materials that explain that STDs and HIV infections are best prevented by the following measures:
    - Abstinence
    - Limiting sexual relationships to those between mutually monogamous partners known to be HIV and STD-negative
    - Limiting sexual activities to those in which no body fluids are exchanged.
    - Avoiding sex with high-risk partners.
    - Avoiding (unprotected) anal intercourse.
    - Using latex condoms if having sex with anyone other than one mutually monogamous partner known to be HIV-and STD-negative.
  - Provide patients with educational materials and information indicating that partners can transmit infection even if males withdraw before ejaculating; and, infection can be transmitted during all forms of unprotected sexual activity, including oral sex.
  - Provide educational information indicating that the risk of HIV infection is increased through co-infection with other STDs, (such as syphilis, genital herpes, and gonorrhea).
  - Instruct all sexually active patients about the effective use and limitations of condoms and other barrier methods, stressing that they are not foolproof, and if not properly used may break during intercourse.
    - After abstinence, the next best preventive measure against transmission of HIV and other STDs is the use of latex condoms (not “lambskin” or natural-membrane condoms).
    - Condom failure (slip, leak, or break) usually is caused by user error.
  - Use patient-centered counseling to assess, inform, and advise about STDs and HIV prevention. In patient-centered counseling, the provider asks the patient what they know about STD and HIV transmission and provides the correct information in response to any misconceptions the patient expresses.
    - Establish a trusting, caring relationship with the patient to enhance the efficacy of counseling on safer sex practices and risks for STD and HIV infection.
    - Listen carefully to the patient to identify any specific barriers that the patient has to preventing STD and HIV infection and to assist the patient in identifying a personal, workable preventive plan without lecturing the patient.
    - Provide counseling that is culturally appropriate. Present information and services in a manner that is sensitive to the culture, values, and traditions of the patient.
    - Counseling should be sensitive to issues of sexual orientation.
    - Provide information and services at a level of comprehension that is consistent with the age and learning skills of the patient, using a dialect and terminology consistent with the patient’s language and comprehension style.
  - Advise all patients of the adverse health consequences of injection drug use. For persons who continue to inject drugs advise them: to use a new, sterile syringe for each injection; never share or reuse injection equipment; use clean (if possible, sterile) water to prepare drugs; clean the injection site with alcohol before injection; and safely dispose of syringes after use. Patients should also be informed of available resources for obtaining sterile supplies.

The California Department of Health Services has provided the following suggestions for the prevention of HIV spread through drug use and needles:<sup>2</sup>

- Sharing needles to inject drugs is risky, because if HIV-infected blood is on the needle, it can be directly injected into the bloodstream of the sharing partner.
- If you must share, you may reduce your risk with proper cleaning. Rinse needles three times with water, three times with bleach, and three more times with water.
- Sharing needles for tattooing and body piercing can also spread HIV.

The California Department of Health Services has also provided the following suggestions for dispelling myths about HIV infection by informing patients they cannot become infected from:<sup>2</sup>

- a food server, eating utensils, or food.
- pets or insect bites.
- donating blood.
- using public restrooms, drinking fountains, or swimming pools.
- sitting next to an infected person.
- sharing telephones, computers, and gym equipment.
- shaking hands, hugging, or social (dry) kissing where no open sores or cuts are present.

### Background

From 1981 through August 2001 there were over 122,400 AIDS cases diagnosed in California.<sup>3</sup> Individuals in the age bracket of 30 to 39 years are the fastest growing population diagnosed with AIDS.<sup>3</sup> It is estimated that in 1998 half of all new HIV infections in the United States were among youth under the age of 25.<sup>4</sup> The rate of new cases of females with HIV is increasing every year throughout all racial groups. Individuals who are economically challenged or medically underserved, and who are identified as racial and ethnic minorities, contract a disproportionate number of STDs and the debilitating disabilities associated with them. The African American female population has the highest rate of new annual cases of AIDS, with Hispanic and Asian groups also having rates above the white female population.<sup>5</sup>

Chlamydia is one of the most widely reported sexually transmitted diseases in California. A recent report estimates that 300,000 Californians have contracted chlamydia, accounting for two-thirds of all sexually transmitted diseases in this state.<sup>6</sup> Chlamydia disproportionately affects females: 78% of all reported cases in California are women.<sup>6</sup> Due to social and biological (changes in the epithelium of the cervix) factors, young women (15-30 years of age) are particularly at risk for chlamydia infections. Since chlamydia often displays no symptoms is not easily clinically detected, many authorities recommend that young women be routinely screened. Untreated individuals transmit the infection to others and infected women often suffer from severe reproductive health consequences such as infertility and pelvic inflammatory diseases. The annual cost of chlamydia to Californians is more than \$300 million. Unfortunately, fewer than 20% of sexually active young adults and adolescents are currently offered screening in managed care settings. It is estimated that every dollar spent on screening and treatment saves \$12 in complications later on resulting from untreated chlamydia.

## Health Education Resource Listing

Title	Format/ Lang.	Program Information	Tele/Fax/E-mail/Internet
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### HIV/AIDS:

California ADAP Program	Brochure Poster  Chinese English Spanish Tagalog	California AIDS Clearinghouse 1443 N Martel Ave. Los Angeles, CA 90046-4207	Phone: (888) 611-4222 (CA only) or (323) 845-4180 TDD: (323) 993-7698  e-mail: <a href="mailto:info@hivinfo.org">info@hivinfo.org</a> <a href="http://www.HIVINFO.org">http://www.HIVINFO.org</a>  <a href="#">*Click here for order form</a>
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**Description:**

Audience: general

This publication discusses AIDS Drug Assistance Program (ADAP) eligibility, coverage, documentation, and confidentiality in English, Spanish, Tagalog, Traditional Chinese and New Chinese, in one brochure.

Having Sex?	Brochure  English Spanish	California AIDS Clearinghouse 1443 N Martel Ave. Los Angeles, CA 90046-4207	Phone: (888) 611-4222 (CA only) or (323) 845-4180 TDD: (323) 993-7698  e-mail: <a href="mailto:info@hivinfo.org">info@hivinfo.org</a> <a href="http://www.HIVINFO.org">http://www.HIVINFO.org</a>  <a href="#">*Click here for order form</a>
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**Description:**

Audience: general

This colorful brochure explains how a person can make healthy informed choices regarding their own sexuality, the connection between HIV and STDs, explains what an individual should know regarding HIV and AIDS and testing for sexually transmitted diseases.

Protect Yourself & Your Baby From HIV and AIDS	Prenatal kit Brochure Flipchart Poster  English Spanish	California AIDS Clearinghouse 1443 N Martel Ave. Los Angeles, CA 90046-4207	Phone: (888) 611-4222 (CA only) or (323) 845-4180 TDD: (323) 993-7698  e-mail: <a href="mailto:info@hivinfo.org">info@hivinfo.org</a> <a href="http://www.HIVINFO.org">http://www.HIVINFO.org</a>  <a href="#">*Click here for order form</a>
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**Description:**

Audience: prenatal women

This prenatal kit is designed for clinics and private physicians to inform and encourage prenatal women to take an HIV test. The kit consists of 2 posters, 100 client brochures, 1 flipchart, and 1 copy of the guidelines. The brochure in the kit specifically discusses: differences between HIV and AIDS, transmission of HIV, benefits of taking an HIV blood test, medical treatments for pregnant HIV-positive women and partner testing.

<b>Title</b>	<b>Format/ Lang.</b>	<b>Program Information</b>	<b>Tele/Fax/E-mail/Internet</b>
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Take Control, Take the Test	Audio tape Brochure  English Armenian Chinese Farsi Japanese Korean Russian Tagalog Vietnamese	California AIDS Clearinghouse 1443 N Martel Ave. Los Angeles, CA 90046-4207	Phone: (888) 611-4222 (CA only) or (323) 845-4180 TDD: (323) 993-7698  e-mail: <a href="mailto:info@hivinfo.org">info@hivinfo.org</a> <a href="http://www.HIVINFO.org">http://www.HIVINFO.org</a>  <b>*Click here for order form</b>
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Description:

Audience: gay men

Colorful symbolism on the cover of this brochure is used to encourage gay men to learn their HIV status and get tested. It also explains HIV testing and where to take a HIV test.

Testing Positive For HIV - How To Help Yourself	Booklet  English Spanish	California AIDS Clearinghouse 1443 N Martel Ave. Los Angeles, CA 90046-4207	Phone: (888) 611-4222 (CA only) or (323) 845-4180 TDD: (323) 993-7698 e-mail: <a href="mailto:info@hivinfo.org">info@hivinfo.org</a> <a href="http://www.HIVINFO.org">http://www.HIVINFO.org</a>  <b>*Click here for order form</b>
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Description:

Audience: general

This booklet discusses what it means to be HIV positive, how to avoid spreading HIV to others, ways to protect yourself from re-infection, and how to stay healthy and enjoy life.

Understanding and Preventing HIV and AIDS	Audio tape Brochure  English Cambodian Chinese Hmong Japanese Korean Lao Punjabi Russian Spanish Tagalog Vietnamese	California AIDS Clearinghouse 1443 N Martel Ave. Los Angeles, CA 90046-4207	Phone: (888) 611-4222 (CA only) or (323) 845-4180 TDD: (323) 993-7698  e-mail: <a href="mailto:info@hivinfo.org">info@hivinfo.org</a> <a href="http://www.HIVINFO.org">http://www.HIVINFO.org</a>  <b>*Click here for order form</b>
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Description:

Audience: general

This brochure provides tips on how a person can reduce his or her risks for HIV. It also explains the difference between HIV and AIDS, how the HIV virus is spread, and discusses the importance of taking an HIV antibody test.

Title	Format/ Lang.	Program Information	Tele/Fax/E-mail/Internet
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What Every Woman Should Know	Audio tape Booklet  English Spanish	California AIDS Clearinghouse 1443 N Martel Ave. Los Angeles, CA 90046-4207	Phone: (888) 611-4222 (CA only) or (323) 845-4180 TDD: (323) 993-7698  e-mail: <a href="mailto:info@hivinfo.org">info@hivinfo.org</a> <a href="http://www.HIVINFO.org">http://www.HIVINFO.org</a>  <a href="#">*Click here for order form</a>
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**Description:**

Audience: females

What does every woman need to know about the risks of HIV? This brightly colored booklet answers questions and deals with HIV-related issues that concern women such as HIV transmission, taking an HIV test, convincing a partner to wear a condom, using drugs and sharing needles, and pregnancy.

What You Should Know About Taking an HIV Test	Audio tape Brochure  English Chinese Japanese Korean Lao Tagalog Thai Vietnamese Asian/English	California AIDS Clearinghouse 1443 N Martel Ave. Los Angeles, CA 90046-4207	Phone: (888) 611-4222 (CA only) or (323) 845-4180 TDD: (323) 993-7698  e-mail: <a href="mailto:info@hivinfo.org">info@hivinfo.org</a> <a href="http://www.HIVINFO.org">http://www.HIVINFO.org</a>  <a href="#">*Click here for order form</a>
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**Description:**

Audience: general and Asians

This colorful brochure introduces the reader to HIV and AIDS. It also discusses how HIV can affect the reader, risk behaviors associated with HIV infection, and the testing process.

Your Baby Will Look Up To You for Everything	Audio tape Booklet Postcard Poster  English Hmong Khmer Portugese Spanish	California AIDS Clearinghouse 1443 N Martel Ave. Los Angeles, CA 90046-4207	Phone: (888) 611-4222 (CA only) or (323) 845-4180 TDD: (323) 993-7698  e-mail: <a href="mailto:info@hivinfo.org">info@hivinfo.org</a> <a href="http://www.HIVINFO.org">http://www.HIVINFO.org</a>  <a href="#">*Click here for order form</a>
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**Description:**

Audience: pregnant women

This publication contains color tinted black and white photos of babies with information for pregnant women or women thinking about having a baby, and encourages them to talk to a health care provider about the benefits of being tested for HIV.

Title	Format/ Lang.	Program Information	Tele/Fax/E-mail/Internet
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#### STDs:

Chlamydia: What You Need to Know	Brochure  English Spanish	California Department of Health Services Office of Family Planning  Distributed by: Electronic Data Systems	Phone: (800) 848-7907 Fax: (888) 723-3667
Description: <b>Ordering restricted to Family PACT providers only.</b> Audience: general and those who have been diagnosed with chlamydia This brochure discusses symptoms, transmission, general treatment guidelines, and preventive measures for chlamydia.			

Cystitis (Bladder Infection): What You Need to Know	Brochure  English Spanish	California Department of Health Services Office of Family Planning  Distributed by: Electronic Data Systems	Phone: (800) 848-7907 Fax: (888) 723-3667
Description: <b>Ordering restricted to Family PACT providers only.</b> Audience: general and those who have been diagnosed with cystitis This brochure discusses symptoms, transmission, general treatment guidelines, and preventive measures for cystitis (Bladder Infection).			

Genital Herpes: What You Need to Know	Brochure  English Spanish	California Department of Health Services Office of Family Planning  Distributed by: Electronic Data Systems	Phone: (800) 848-7907 Fax: (888) 723-3667
Description: <b>Ordering restricted to Family PACT providers only.</b> Audience: general and those who have been diagnosed with genital herpes This easy to read brochure discusses symptoms, transmission, general treatment guidelines, and preventive measures for genital herpes.			

Genital Warts: What You Need to Know	Brochure  English Spanish	California Department of Health Services Office of Family Planning  Distributed by: Electronic Data Systems	Phone: (800) 848-7907 Fax: (888) 723-3667
Description: <b>Ordering restricted to Family PACT providers only.</b> Audience: general and those who have been diagnosed with genital warts This brochure discusses symptoms, transmission, general treatment guidelines, and preventive measures for genital warts.			

Title	Format/ Lang.	Program Information	Tele/Fax/E-mail/Internet
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Gonorrhea: What You Need to Know	Brochure  English Spanish	California Department of Health Services Office of Family Planning  Distributed by: Electronic Data Systems	Phone: (800) 848-7907 Fax: (888) 723-3667
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Description: **Ordering restricted to Family PACT providers only.**  
Audience: general and those who have been diagnosed with gonorrhea  
This brochure discusses symptoms, transmission, general treatment guidelines, and preventive measures for gonorrhea.

PID (Pelvic Inflammatory Disease): What You Need to Know	Brochure  English Spanish	California Department of Health Services Office of Family Planning  Distributed by: Electronic Data Systems	Phone: (800) 848-7907 Fax: (888) 723-3667
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Description: **Ordering restricted to Family PACT providers only.**  
Audience: general and those who have been diagnosed with PID  
This brochure discusses symptoms, transmission, general treatment guidelines, and preventive measures for PID (Pelvic Inflammatory Disease).

STD FACT SHEETS:  Bacterial Vaginosis Chancroid Chlamydia Douching - NOT! Gonorrhea Herpes HPV Molluscum Contagiosum NGU The Pelvic Exam and Pap Smear PID Syphilis Trichomonas Yeast	Fact sheet  English	California AIDS Clearinghouse 1443 N Martel Ave. Los Angeles, CA 90046-4207	Phone: (888) 611-4222 (CA only) or (323) 845-4180 TDD: (323) 993-7698  e-mail: <a href="mailto:info@hivinfo.org">info@hivinfo.org</a> <a href="http://www.HIVINFO.org">http://www.HIVINFO.org</a>  <b>*Click here for order form</b>
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Description:  
Audience: general  
These fourteen fact sheets provide general information about specific STDs, the symptoms, and treatments.

Title	Format/ Lang.	Program Information	Tele/Fax/E-mail/Internet
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STDs: Sexually Transmitted Diseases: What You Need to Know	Brochure  English Spanish	California Department of Health Services Office of Family Planning  Distributed By: Electronic Data Systems	Phone: (800) 848-7907 Fax: (888) 723-3667
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Description: **Ordering restricted to Family PACT providers only.**

Audience: general

This brochure discusses STD transmission, preventive measures, and encourages individuals who think they may have an STD to seek medical care.

Syphilis: What You Need to Know	Brochure  English Spanish	California Department of Health Services Office of Family Planning  Distributed by: Electronic Data Systems	Phone: (800) 848-7907 Fax: (888) 723-3667
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Description: **Ordering restricted to Family PACT providers only.**

Audience: general and those who have been diagnosed with syphilis

This brochure discusses symptoms, transmission, general treatment guidelines, and preventive measures for syphilis.

# HIV/AIDS Materials Order Form

## for Medi-Cal Managed Care Providers

### Ship to:

Organization: \_\_\_\_\_  
 Program: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, Zip: \_\_\_\_\_  
 Phone No: \_\_\_\_\_

### All orders must be prepaid

☐ Payment enclosed. Payable to CAC/LAGLC  
☐ Visa ☐ MasterCard expires: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Account # \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Name (print): \_\_\_\_\_  
 Phone No: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Understanding and Preventing HIV and AIDS

Available in Brochure, Fact Sheets, and Audiotapes.

General information about HIV/AIDS; transmission, ways to reduce your risk, negotiating condom use, drug use and needle sharing, and information about taking an HIV test. Fact Sheets come as a "2 originals" set for each order to reproduce on your photocopier.

Item No.	Materials Title, Description, and Language	Format	Unit Price	Quantity	Total
A112	English	Brochure	\$15.00 per 50		
A113	Spanish	Brochure	\$15.00 per 50		
A165	Cambodian	Fact Sheet	\$1.00 per set		
A166	Chinese	Fact Sheet	\$1.00 per set		
A167	Hmong	Fact Sheet	\$1.00 per set		
A168	Japanese	Fact Sheet	\$1.00 per set		
A169	Korean	Fact Sheet	\$1.00 per set		
A170	Lao	Fact Sheet	\$1.00 per set		
A171	Punjabi	Fact Sheet	\$1.00 per set		
A172	Russian	Fact Sheet	\$1.00 per set		
A173	Tagalog	Fact Sheet	\$1.00 per set		
A174	Vietnamese	Fact Sheet	\$1.00 per set		
SP07	English/Spanish for General Population	Audiotape	\$4.00 each		
SP08	English/Spanish for Gay Men	Audiotape	\$4.00 each		
SP09	English/Spanish for Women	Audiotape	\$4.00 each		

### What Every Woman Should Know

Specific information for women about HIV/AIDS, transmission, ways to reduce your risk, negotiating condom use, pregnancy, drug use and needle sharing, and information about taking an HIV test.

W109	English	Booklet	\$17.50 per 50		
W133	Spanish	Booklet	\$17.50 per 50		

### What You Should Know About Taking An HIV Test

General information about taking an HIV test, how HIV can affect you, and the testing process. Asian languages are printed on demand.

A18	English	Brochure	\$15.00 per 50		
A149	Chinese	Brochure	\$.30 each		
A150	Japanese	Brochure	\$.30 each		
A151	Korean	Brochure	\$.30 each		
A152	Lao	Brochure	\$.30 each		
A153	Tagalog	Brochure	\$.30 each		
A154	Thai	Brochure	\$.30 each		
A155	Vietnamese	Brochure	\$.30 each		
A156	English with Asian graphics	Brochure	\$.30 each		

### Take Control, Take the Test

Specific information for gay men about taking an HIV test, how HIV can affect you, and the testing process.

Fact Sheets come as a "2 originals" set for each order to reproduce on your photocopier.

G124	English	Brochure	\$10.00 per 50		
G145	Armenian	Fact Sheet	\$1.00 per set		
G146	Chinese	Fact Sheet	\$1.00 per set		
G147	Farsi	Fact Sheet	\$1.00 per set		
G148	Japanese	Fact Sheet	\$1.00 per set		
G149	Korean	Fact Sheet	\$1.00 per set		
G150	Russian	Fact Sheet	\$1.00 per set		
G151	Tagalog	Fact Sheet	\$1.00 per set		
G152	Vietnamese	Fact Sheet	\$1.00 per set		

Item No.	Materials Title, Description, and Language	Format	Unit Price	Quantity	Total
<b>Having Sex?</b> <i>Discusses the connection between HIV and STDs, making healthy choices, and if appropriate, getting tested for HIV &amp; STDs.</i>					
A145	English	Brochure	\$12.50 per 50		
A146	Spanish	Brochure	\$12.50 per 50		
<b>STD Fact Sheets</b> <i>General information about specific STDs, the symptoms and treatments. One "original" for each title.</i>					
A186	Bacterial Vaginosis	Fact Sheet	\$.50 each		
A187	Chancroid	Fact Sheet	\$.50 each		
A188	Chlamydia	Fact Sheet	\$.50 each		
A189	Douching - NOT!	Fact Sheet	\$.50 each		
A190	Gonorrhea	Fact Sheet	\$.50 each		
A191	Herpes	Fact Sheet	\$.50 each		
A192	HPV (Human Papilloma Viruses)	Fact Sheet	\$.50 each		
A193	Molluscum Contagiosum	Fact Sheet	\$.50 each		
A194	NGU	Fact Sheet	\$.50 each		
A195	The Pelvic Exam and Pap Smear	Fact Sheet	\$.50 each		
A196	Pelvic Inflammatory Disease (PID)	Fact Sheet	\$.50 each		
A197	Syphilis	Fact Sheet	\$.50 each		
A198	Trichomonas	Fact Sheet	\$.50 each		
A199	Yeast	Fact Sheet	\$.50 each		
<b>Your Baby Will Look Up To You For Everything</b> <i>Information for pregnant women, or women thinking about having a baby, and talking to your health care provider about the benefits of being tested for HIV.</i>					
HCFA1	English	Poster	Free		
HCFA2	English	Postcard	Free		
HCFA3	Spanish	Poster	Free		
HCFA4	Spanish	Postcard	Free		
HCFA5	Hmong	Poster	Free		
HCFA6	Hmong	Postcard	Free		
HCFA7	Portuguese	Poster	Free		
HCFA8	Portuguese	Postcard	Free		
HCFA9	Khmer/Cambodian	Poster	Free		
HCFA10	Khmer/Cambodian	Postcard	Free		
<b>Protect Yourself &amp; Your Baby</b> <i>Designed for clinics and private physicians to inform and encourage prenatal women to take an HIV test. Kit consists of 2 posters, 100 client brochures, 1 flipchart, and 1 copy of the guidelines. Additional client brochures sold separately.</i>					
W124	English	Kit	\$40.00 each		
W127	Spanish	Kit	\$40.00 each		
W136	English	Brochure	\$5.00 per 25		
W130	Spanish	Brochure	\$5.00 per 25		
<b>Testing Positive For HIV - How To Help Yourself</b> <i>Discusses what it means to be HIV positive, how to avoid spreading HIV to others, ways to protect yourself from re-infection, and how to stay healthy and enjoy life.</i>					
A147	English	Booklet	\$17.50 per 50		
A158	Spanish	Booklet	\$17.50 per 50		
<b>California ADAP Program</b> <i>Discusses AIDS Drug Assistance Program (ADAP) eligibility, coverage, documentation and confidentiality.</i>					
SO201	English/Spanish/Tagalog/Traditional Chinese/Modern Chinese	Brochure	Free		

### Shipping Costs:

1 to 500 pieces = \$5.00      501 to 1,000 pieces = \$10.00  
1,001 to 2,000 pieces = \$15.00      2,001 to 3,000 pieces = \$20.00  
Over 3,001 pieces = \$25.00

**CAC ships UPS - Cannot deliver to P.O. boxes**

**Subtotal**  
**Shipping**  
**Total Order**


**FAX or mail your order to:**

**California AIDS Clearinghouse**

**1443 N. Martel Ave., Los Angeles, California 90046-4207**

**Toll-free in CA: (888) 611-4222 FAX: (323) 845-4193 Web Site: [www.HIVINFO.org](http://www.HIVINFO.org)**

The California AIDS Clearinghouse is a CA DHS/Office of AIDS Community Education & Prevention  
Statewide Technical Assistance Program at the L.A. Gay & Lesbian Center. (00-90303)



## **Tobacco**

### **Second-Hand Smoke**

**Does your child spend time in a home with anyone who smokes?** (ages 0-3, 4-8, 9-11)

**Do you spend time in a home with anyone who smokes?** (ages 12-17, 18+)

**Do you have friends or family members that smoke in your home?** (ages 18+)

#### Suggested Follow-up Questions

- Approximately how many cigarettes or cigars per day are smoked in the home?
- Has the smoker been asked to quit smoking or to smoke outside?
- Are the parent(s) and the smoker aware of the dangers of second-hand smoke for the child?
- Does the smoker ever carelessly discard cigarettes or fall asleep while smoking?

### **Personal Tobacco Use**

**Has your child ever smoked cigarettes or chewed tobacco?** (ages 9-11)

**Do you ever smoke cigarettes or cigars or chew tobacco?** (ages 12-17)

**Do you smoke cigarettes or cigars or use any other kinds of tobacco?** (ages 18+)

#### Suggested Follow-up Questions

##### Smoking

- How many cigarettes, cigars, or pipes of tobacco are smoked daily?
- Has the patient attempted unsuccessfully to quit? If so, why did they not succeed?
- Would the patient like to quit in the near future?
- Would the patient like to try using nicotine replacement or bupropion?
- Is the patient aware of the dangers of smoking and the dangers of second-hand smoke for family and friends?

##### Smokeless Tobacco

- Is the patient using snuff or chewing tobacco?
- How many ounces are used weekly?
- Is the patient aware of the dangers of snuff and chewing tobacco?
- Are there sports figures or family members that the patient is emulating?

#### Counseling Suggestions

##### Smoking

The Agency for Health Care Policy and Research of the U.S. Public Health Service, has recommended the following counseling steps for smoking cessation:<sup>1</sup>

- *Ask all patients about smoking.* This is accomplished by using the “Staying Healthy” Assessment. To assist you in asking patients more frequently, the use of chart stickers denoting smoking status, the denotation of smoking status as a fourth “vital sign,” or tracking smoking status with computerized records, can be helpful.

- *Advise tobacco users to quit.*
  - Be clear. ("I think it is important for you to quit smoking now and I will help you").
  - Speak strongly. ("As your clinician, I need you to know that quitting smoking is the most important thing you can do to protect your current and future health.")
  - Personalize your advice. ("You've already had one heart attack.") Mention the impact of smoking on children or others in the household ("I know your children need you.")
  - Talk with smokers who are unwilling to quit at each visit about reasons to quit and barriers to quitting.
- *Assist the patient with a quit plan.*
  - Set a quit date, ideally within 2 weeks.
  - Inform friends, family, and coworkers of plans to quit, and ask for support.
  - Remove cigarettes from the home, car, and workplace and avoid smoking in these places.
  - Review previous quit attempts—what helped, what led to relapse.
  - Anticipate challenges, particularly during the critical first few weeks, including nicotine withdrawal.
  - Total abstinence is essential—not even a single puff.
  - Drinking alcohol is strongly associated with relapse.
  - Having other smokers in the household hinders successful quitting.
  - Encourage the use of nicotine replacement therapy.
  - Make culturally and educationally appropriate materials on cessation techniques readily available in your office.
- *Offer intensive smoking cessation programs*
  - See specific program information for your health plan in the Resources Section of this handbook. (Medi-Cal requires patient participation in a behavior modification program for patients to receive nicotine patches and bupropion.)
  - Individual and group counseling are both effective, with the intensity of the program correlating with cessation success. The most successful programs offer 4-7 sessions, each at least 20-30 minutes in length, lasting at least 2 weeks.
  - The California Smokers Helpline offers free telephone counseling in 5 languages (English, Spanish, Korean, Vietnamese, and Chinese) at 1-800-NOBUTTS.
- *Follow-up*
  - Contact the patient, either by telephone or in person within 2 weeks of the quit date, preferably during the first week. Contact the patient at least twice in the first month, with further follow-up contacts as needed.
  - Congratulate on success.
  - If lapse occurred, ask for recommitment to total abstinence. Remind the patient that a lapse can be used as a learning experience and review the circumstances that caused it. Suggest alternative behaviors.
  - Identify problems encountered and anticipate challenges in the immediate future.

### Smokeless Tobacco

According to the Spit Tobacco Prevention Network,<sup>2</sup> the successful strategies for smokeless tobacco avoidance and cessation are similar to those used for smoking, although much less research has been performed in this area. Since the dangers of smokeless tobacco use are much less publicized than the dangers of smoking, educational interventions are needed, particularly for youth. Teaching oral self-examination may be helpful in sensitizing smokeless tobacco users to the health consequences of smokeless tobacco use and in the early detection of disease. The use of nicotine replacements can be helpful in controlling nicotine withdrawal symptoms, as in smoking cessation.

## Background

### Smoking

Tobacco use is the largest cause of preventable death in the United States. Over 430,000 deaths are attributable to smoking yearly in the U.S.—due to smoking related lung cancer, chronic obstructive pulmonary disease, heart disease, stroke, and cancers of the mouth, throat, esophagus, larynx, pancreas, and bladder. Smoking during pregnancy is related to increased rates of low birth weight, prematurity, and birth complications. Smoking cessation leads to numerous long-term health benefits for patients. These were summarized in the 1990 U. S. Surgeon General's report, *The Health Benefits of Smoking Cessation*<sup>2</sup> with the illustration on the following.

All major authorities, including the American Academy of Pediatrics,<sup>3</sup> the American Academy of Family Physicians,<sup>4</sup> American College of Physicians,<sup>5</sup> American Medical Association<sup>6,7</sup> and the U.S. Preventive Services Task Force,<sup>8</sup> recommend that providers counsel patients on avoiding smoking and smoking cessation. Even minimal advice from health care providers can lead to increased quit rates by patients of 5-10%. Although this may seem modest, by some estimates if every primary care provider provided minimal advice to smoking patients to quit, the smoking cessation rate in the U.S. could be doubled.<sup>9</sup> More intensive interventions, such as provision of nicotine replacement and/or a multiple-session cessation counseling program, can lead to quit rates as high as 15-30%.

The benefits of smoking cessation extend directly to the smoker's family, who may experience increased rates of lung cancer, heart disease, asthma, upper air way infections, and otitis media as a result of second-hand smoke exposure.

### Smokeless Tobacco

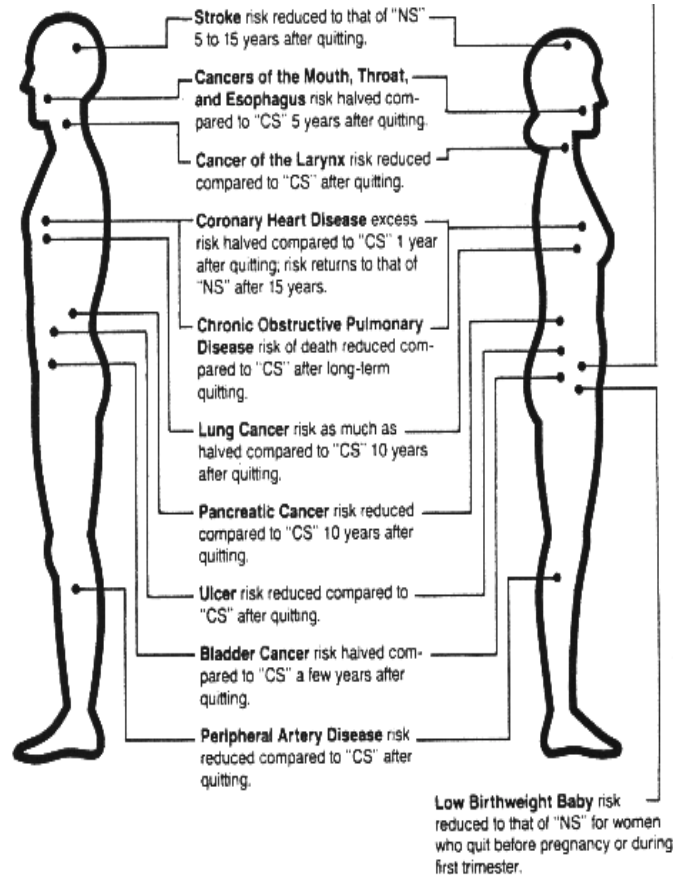
The use of smokeless tobacco (snuff or chewing tobacco) leads to nicotine addiction the same as smoking. Many adolescents and adults mistakenly believe that smokeless tobacco use is without risk. Smokeless tobacco use leads to a 50-fold increase in lip and cheek cancers. Other oral and upper airway cancers are also greatly increased, as are cancers of the esophagus and bladder. The systemic effects of nicotine lead to increased rates of high blood

## Benefits of Smoking Cessation

### Key

"CS" refers to continuing smokers  
"NS" refers to never smokers

**Cervical Cancer** risk reduced compared to "CS" a few years after quitting.



From: Centers for Disease Control, Office on Smoking and Health. *The Health Benefits of Smoking Cessation: A Report of the Surgeon General, At a Glance, 1990*. Rockville, Md: Centers for Disease Control; 1990. USDHHS publication CDC 90-8419.

Smokeless tobacco use is most prevalent among young, white males, although rates can be high among American Indians, for whom smokeless tobacco use may have cultural associations. Smokeless tobacco use tends to be higher in rural than urban areas. In 1998, overall 5.2% of adolescents in California reported having tried smokeless tobacco. This rate increased with age, with 9.2% of 16-to17-year-olds reporting use.<sup>10</sup> Use of smokeless tobacco among baseball players is particularly high. Surveys of college baseball players find that over 50% use smokeless tobacco, while this rate is 34-39% for professional baseball players. For this reason, it is particularly important to question adolescent baseball players about smokeless tobacco use.<sup>11</sup>

### Health Education Resource Listing

Title	Format/ Lang.	Program Information	Tele/Fax/E-mail/Internet
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#### TOBACCO: SECOND HAND SMOKE

If You're Having Problems with Family Members About Cigarette Smoking	Brochure  English Spanish	California Department of Health Services Tobacco Control Section	<a href="#">*Click here for order form</a>
Description: Audience: youth and adults Interactive brochure with fold-out poster gives practical steps and communication tips for families to address smoking/secondhand issues at home.			

Passive Smoke	Brochure  English	California Department of Health Services Tobacco Control Section	<a href="#">*Click here for order form</a>
Description: Audience: American Indian pregnant and parenting women Straightforward brochure increases awareness of the dangers of secondhand smoke, and encourages readers to protect themselves and their families by reducing their exposure to passive smoke.			

Please Don't Smoke in My House	Booklet  Chinese Khmer Korean Vietnamese	California Department of Health Services Tobacco Control Section	<a href="#">*Click here for order form</a>
Description: Audience: Asian/Pacific Islander parents and families Booklet with color cover discusses hazards of secondhand smoke for pregnant women and their families. Encourages women to support their loved ones to quit. All versions include English translation.			

Title	Format/ Lang.	Program Information	Tele/Fax/E-mail/Internet
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You Are Not the Only One Who Will Breathe Easier	Brochure  English Spanish	California Department of Health Services Tobacco Control Section	<a href="#">*Click here for order form</a>
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Description:

Audience: pregnant teens and women, mothers, and family members

Discusses the dangers of smoking for pregnant women and babies, as well as the dangers of being exposed to secondhand smoke. Urges pregnant women and mothers to quit.

### TOBACCO: PERSONAL TOBACCO USE

Beat the Smokeless Habit!	Booklet  English	California Department of Health Services Tobacco Control Section	<a href="#">*Click here for order form</a>
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Description:

Audience: youth, teens, and young adult chew tobacco users

Cessation booklet features quotations and stories from major league baseball stars about how and why they stopped using smokeless tobacco, and provides a plan for quitting.

California Smokers' Helpline	Brochure  English American Indian Korean Spanish Vietnamese	California Department of Health Services Tobacco Control Section	<a href="#">*Click here for order form</a>
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Description:

Audience: smokers and health care providers

Well-researched tool for addressing cessation needs of those who want to quit through telephone counseling, who need local referrals, or who desire written materials for self-help. Includes phone numbers, services offered, and hours of operation.

California Smokers' Helpline "Take Charge" Gold Card	Card  English	California Department of Health Services Tobacco Control Section	<a href="#">*Click here for order form</a>
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Description:

Audience: teens, young adults, and adult tobacco users

Plastic card mimics gold credit card and promotes English language California Smokers,' Chewers,' and Hearing Impaired Helplines. Lists helpline services and contact information. It also describes personal costs of smoking.

<b>Title</b>	<b>Format/ Lang.</b>	<b>Program Information</b>	<b>Tele/Fax/E-mail/Internet</b>
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California Tobacco Chewers' Helpline	Brochure  English	California Department of Health Services Tobacco Control Section	<a href="#">*Click here for order form</a>
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**Description:**

Audience: chew tobacco users

Promotional brochure for the chew tobacco cessation services from the California Smokers' Helpline. Includes phone numbers, services offered, and hours of operation. Excellent tool to address cessation needs of those who want to quit chewing through telephone counseling, who need local referrals, or who desire written materials for self-help.

Cigar Asphyxionado	Brochure  English	California Department of Health Services Tobacco Control Section	<a href="#">*Click here for order form</a>
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**Description:**

Audience: cigar smokers

Factual multi-color brochure describes the four stages of cigar use, the dangers of cigar smoking, and the link between cigar smoking and cancer.

Hey, Girlfriend	Booklet  English	California Department of Health Services Tobacco Control Section	<a href="#">*Click here for order form</a>
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**Description:**

Audience: pregnant and parenting African American/Black women

Written in engaging conversational style, this colorful booklet addresses the issues of quitting smoking, coping with urges, how to reward yourself for quitting, and remaining cigarette free. Stresses self-empowerment for African American women.

I Quit!	Booklet  English	California Department of Health Services Tobacco Control Section	<a href="#">*Click here for order form</a>
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**Description:**

Audience: teens and young adult tobacco users

Cessation booklet for youth provides step-by-step instructions and tips for handling nicotine withdrawal symptoms and staying tobacco free. The California Helplines' phone numbers are also included in the booklet.

<b>Title</b>	<b>Format/ Lang.</b>	<b>Program Information</b>	<b>Tele/Fax/E-mail/Internet</b>
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Stop Smoking For Health	Booklet  Laotian	California Department of Health Services Tobacco Control Section	<a href="#">*Click here for order form</a>
Description: Audience: Laotian smokers Self-help program for Laotian smokers discusses building motivation, preparing to quit, quitting, and maintenance.			

Spitting Into the Wind	Booklet  English	U.S. Department of Health and Human Services Public Health Service National Institutes of Health	1-800-4-CANCER
Description: Audience: chew tobacco users This brightly colored booklet discusses the dangers and side effects of chewing and dipping tobacco, displays pictures of individuals suffering from oral and throat cancer, and discusses tobacco addiction. Includes self examination instructions.			

Want to Help a Teen Quit Smoking?	Brochure  English	California Department of Health Services Tobacco Control Section	<a href="#">*Click here for order form</a>
Description: Audience: teen service providers, teachers, and youth program leaders Designed for adults who want to help a teen quit smoking. Includes questions frequently asked by adults who refer teens to the California Smokers' Helpline, and provides answers to questions about free services, confidentiality, hours of operation, and types of services offered.			

Yes! You Can!	Booklet  English	California Department of Health Services Tobacco Control Section	<a href="#">*Click here for order form</a>
Description: Audience: smokers Cessation guide with motivational cartoons outlines a six-step approach to quit smoking. Can be used as a supplement to cessation programs.			

Title	Format/ Lang.	Program Information	Tele/Fax/E-mail/Internet
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Your Life is Our Future. You Can Stop Smoking Today!	Booklet Brochure  English	California Department of Health Services Tobacco Control Section	<a href="#">*Click here for order form</a>
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<p>Description:</p> <p>Audience: American Indian smokers</p> <p>The brochure is easy to read and it focuses on quitting commercial tobacco use. The 20-page booklet is a step-by-step tobacco cessation guide attractively illustrated with traditional American Indian drawings, cultural symbols, and quotations. Includes strategies for quitting smoking and staying smoke free.</p>			
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# Order Form

## Tobacco Use Prevention and Cessation Education Materials for Medi-Cal Managed Care Providers

### Fax or Mail Your Order to:

**TECC/ETR Associates**

P.O. Box 1830, Santa Cruz, CA 95061

Fax: (831) 438-1442

### All orders must be prepaid.

☐ Payment enclosed. Payable to ETR/TECC.

☐ Visa ☐ MasterCard Expires: \_\_/\_\_/\_\_

Account #

Signature: \_\_\_\_\_

Person placing order: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

### Ship To:

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Title#	Title	Unit Price	Quantity	Total
J139	<b>If You're Having Problems with Family Members About Cigarette Smoke (Brochure) - English</b> Brochure with fold-out poster gives practical steps and communication tips for families to address smoking/secondhand smoke issues at home. <i>Minimum order: 20</i>	20¢		
J253	<b>If You're Having Problems with Family Members About Cigarette Smoke (Brochure) – Spanish</b> <i>Minimum order: 20</i>	20¢		
J163	<b>Passive Smoke (Brochure) – English</b> Increases awareness of the dangers of secondhand smoke and encourages readers to protect themselves and their families by reducing their exposure to passive smoke. For American Indian audiences. <i>Minimum order: 20</i>	20¢		
J157	<b>Please Don't Smoke in My House (Booklet, 18 pp.) – Vietnamese/English</b> Discusses hazards of secondhand smoke for pregnant women and their families. Encourages women to support their loved ones to quit. All versions include English translation.	75¢		
J158	<b>Please Don't Smoke in My House (Booklet, 18 pp.) – Korean/English</b>	75¢		
J159	<b>Please Don't Smoke in My House (Booklet, 18 pp.) – Chinese/English</b>	75¢		
J160	<b>Please Don't Smoke in My House (Booklet, 18 pp.) – Khmer/English</b>	75¢		
J395	<b>You Are Not the Only One Who Will Breathe Easier (Brochure) – English</b> Discusses the dangers of smoking and exposure to secondhand smoke for pregnant women. Urges pregnant women and mothers to quit. <i>Minimum order: 20</i>	25¢		
J396	<b>You Are Not the Only One Who Will Breathe Easier (Brochure) – Spanish</b> <i>Minimum order: 20</i>	25¢		
J258	<b>Want to Quit Smoking? (Brochure) – English</b> Promotes the California Smokers' Helpline and addresses cessation needs of those who want to quit through telephone counseling. Includes phone numbers, services offered, and hours of operation.	10¢		
J268	<b>Want to Quit Smoking? (Brochure) – Spanish</b>	10¢		
J269	<b>Want to Quit Smoking? (Brochure) – Vietnamese</b>	25¢		
J270	<b>Want to Quit Smoking? (Brochure) – Korean</b>	25¢		

<b>Title#</b>	<b>Title</b>	<b>Unit Price</b>	<b>Quantity</b>	<b>Total</b>
J271	<b>Want to Quit Smoking? (Brochure)</b> – Chinese	25¢		
J521	<b>Want To Quit Smoking? (Brochure)</b> – English For American Indian audiences.	25¢		
J299	<b>Want to Quit Chewing? (Brochure)</b> – English Promotes California Chewers' Helpline for chew tobacco cessation services. Includes phone numbers, services offered and hours of operation.	25¢		
J300	<b>California Smokers' Helpline "Take Charge" Gold Card (Card)</b> – English Plastic "credit card" lists the California Smokers' Helpline, Chewers' Helpline and Hearing Impaired Helpline. Also lists services and hours of operation.	13¢		
J487	<b>Want to Help a Teen Quit Smoking? (Brochure)</b> – English California Smokers' Helpline brochure designed for adults who want to help a teen quit smoking. Provides answers to questions about free services, confidentiality, hours of operation, and types of services offered.	25¢		
J466	<b>Cigar Asphyxionado (Brochure)</b> – English Describes the dangers of cigar smoking and the link between cigar smoking and cancer. <i>Minimum order: 20</i>	40¢		
J152	<b>Hey, Girlfriend (Booklet, 12 pp.)</b> – English Addresses the issues of quitting smoking and coping with urges. Stresses self-empowerment for African American women.	50¢		
J320	<b>I Quit! (Booklet, 10 pp.)</b> – English Youth cessation booklet provides step-by-step instructions and tips for handling nicotine withdrawal symptoms and staying tobacco-free. <i>Minimum order: 20</i>	25¢		
J306	<b>Yes! You Can! (Booklet, 25 pp.)</b> – English Cessation guide outlines a six-step approach to quit smoking. Features motivational cartoons.	60¢		
J142	<b>Stop Smoking for Health (Booklet, 6 pp.)</b> – Laotian Self-help program for Laotian smokers discusses building motivation, preparing to quit, quitting, and maintenance.	80¢		
J205	<b>Spitting Into the Wind (Booklet, 10 pp.)</b> – English Discusses tobacco addiction and harmful effects of chewing and dipping tobacco. Includes pictures of individuals suffering from oral and throat cancer and information on oral self-examination. <i>Minimum order: 20</i>	60¢		
J519	<b>Your Life Is Our Future. You CAN Stop Smoking Today! (Booklet, 20 pp.)</b> – English Step-by-step tobacco cessation guide with strategies for quitting smoking and staying smoke-free. Illustrated with traditional American Indian drawings, cultural symbols, and quotations.	70¢		
J520	<b>Your Life Is Our Future. You CAN Stop Smoking Today! (Brochure)</b> – English For American Indian audiences. Focuses on quitting commercial tobacco use listing reasons to quit and how to quit. <i>Minimum order: 20</i>	40¢		

#### Shipping/Handling

\$00.01-\$30.00: add \$2.50      Over \$500.00: add 9%  
 \$30.01-\$500.00: add 10%      Rush Shipping: add 15% - 30%

**Subtotal**

**Shipping and Handling**  
← (See Chart)

**Tax**

**Total Order**



**Tobacco Education Clearinghouse of California**  
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 Contract # 99-85314

# Violence Prevention

## Physical Violence

**Has your child ever witnessed or been a victim of abuse or violence?** (ages 0-3, 4-8, 9-11)

### Suggested Follow-up Questions

- What happened? When did it happen? Why did it happen? Who did it?
- Do you think it could happen again? If so, have any steps been taken to prevent this?
- Were the police, Child Protective Services, or other authorities notified?
- Have there been any changes in the child's behavior at home or school since the abuse or violence?
- Have you, other caregivers, or the child received counseling from professionals about the abuse or violence?

**Have you ever been hit, slapped, kicked, or physically hurt by someone?** (ages 12-17, 18+)

### Suggested Follow-up Questions

- What happened? When did it happen? Why did it happen? Who did it to you?
- Were the police or other authorities notified?
- Do you think it could happen again?
- Do you fear for your safety?
- Do you have a safe place to go if you are threatened again?

## Sexual Violence

**Has your child ever been molested or sexually abused?** (ages 9-11)

### Suggested Follow-up Questions

- Please describe what happened. When did it happen? Who did this?
- Were the police, Child Protective Services, or other authorities informed?
- Do you think it could happen again?
- How is the child coping? Any difficulties at school, with friends, or at home?
- Has the child, you, or other caregivers received professional counseling?

**Have you ever been forced or pressured to have sex?** (ages 12-17, 18+)

### Suggested Follow-up Questions

- Please describe what happened. When did it happen? Who did this?
- Did you report this incident to the police or other authorities?
- Do you think that this could happen again? If so, what steps have you taken to prevent this?
- (Adolescents) Have you spoken with your parents about this?
- Have you received, or would you like to receive, professional counseling about sexual assault?

## Counseling Suggestions

The U.S. Public Health Service has issued the following suggestions for counseling women who are victims of domestic violence:<sup>1</sup>

- If a woman discloses battering, acknowledge the problem, affirm that it is unacceptable, and advise that she is at risk for future episodes.
- Let her know that battering is a common problem; she may believe that she is the only one experiencing violence perpetuated by a loved one.
- She needs to know that she is not alone and that help is available.
- The patient also needs to know that she does not deserve to be beaten; violence is not an acceptable way to communicate.
- Have a plan for providing information to abused women. Be sure to include information about community, social, and legal resources; legal rights; and a plan for dealing with the abusive partner. Local referral numbers for such resources can be obtained from the National Council on Child Abuse and Family Violence (800) 222-2000 or the National Domestic Violence Hotline (800) 799-SAFE.

The Children's Medical Services Branch, California Department of Health Services has summarized child neglect and abuse reporting requirements as follows:<sup>2</sup>

"State law requires that when a medical or nonmedical person has even a reasonable suspicion that a child may be neglected or abused, the case is to be reported immediately to either local child protective services or local law enforcement agencies, even without consent of the child's parent or caretaker. All health practitioners, day care operators, school personnel, regional center, and licensing employees are mandated by law to immediately report child abuse by phone and forward a written report within 36 hours. Persons legally required to report suspected abuse have immunity from criminal or civil liability in they have reported as required by law. A person who fails to make a required report, however, is guilty of a misdemeanor, and may be found civilly liable for damages, especially if the same child or another child is further harmed because of the failure to report. The primary intent of the reporting law is to protect the child. By protecting the identified child, other children in the home may be protected."

Definitions. Child abuse means a physical injury inflicted by other than accidental means on a child by another person. The definition includes sexual abuse, neglect, and emotional abuse and neglect or abuse in out-of-home care, and does not include a mutual affray between minors, reasonable and necessary force used by a peace officer under specific circumstances, or spanking that is reasonable and age appropriate and does not expose the child to risk of serious injury."

"The California Child Abuse Reporting Law is found in Penal Code Sections 11165-11174.5. The following is only a partial description of the statute. Mandated reporters should become familiar with the detailed requirements as they are set forth in the Penal Code. Under the law, when the victim is a child under age 18 years and the perpetrator is any person including another child, the following types of abuse must be reported by all legally mandated reporters."

*Physical Abuse:* A physical injury inflicted by other than accidental means on a child. Unlawful corporal punishment or injury, willfully inflicted, resulting in a traumatic condition."

*Sexual Abuse:* Child sexual abuse including both sexual assault and sexual exploitation. Sexual assault includes sex acts with children, intentional masturbation in the presence of children, and child molestation. Sexual exploitation includes preparing, selling, or distributing pornographic materials involving children, performances involving obscene sexual conduct, and child prostitution."

*“Neglect:* Whether severe or general, including acts of omissions harming or threatening to harm the child’s health or welfare. General neglect includes failure of a caretaker to provide adequate food, clothing, shelter, and supervision where no harm has occurred. Severe neglect is the negligent failure of a person, having the care or custody of a child, to protect the child from severe malnutrition or medically diagnosed nonorganic failure to thrive, and causing or permitting the person or health of a child to be endangered including intentional failure to provide adequate food, clothing, or shelter.”

*“Emotional Abuse:* Willful cruelty or unjustified punishment including inflicting or permitting unjustifiable physical pain or mental suffering, or the endangerment of the child’s person or health. Mental suffering in and of itself is not required to be reported, although it may be reported.”

Further information regarding reporting of child abuse can be obtained from the *Child Abuse Prevention Handbook* published by the California Department of Justice. The California Department of Social Services (CDSS) has issued *The California Child Abuse & Neglect Reporting Law: Issues and Answers for Health Practitioners*.<sup>3</sup> In this publication CDSS has made recommendations to help providers overcome common barriers to reporting.<sup>2</sup>

- Confidentiality. The statutory duty to report is not excused or barred by the client/patient privilege or professional confidentiality or ethics.
- Denial. Many health professionals refuse to believe child abuse exists. They may think it happens only to the poor, the psychotic, the uneducated, or certain racial groups. This is simply not true. When professionals do not acknowledge the possibility of abuse, they miss the opportunity to be helpful to the family. It is important to believe that abuse can happen in any family and ask those questions designed to explore the possibility with a family.
- Rationalizing. Another danger is the health practitioner’s acceptance of unrealistic explanations for how any injury occurred. If any doubts exist, no matter how small, assessment should continue, and/or consultation should be sought.
- Betrayal. Some professionals feel that when they report parents for child abuse they are damaging the patient relationship because of the seemingly punitive consequences of such reports. A more useful approach is to consider the reporting as helpful to the family because it will protect the child (and the parents in the long run) by getting them needed services.
- Family Breakup. Relatively few of the large number of child abuse reports lead to removal of a child from his/her home. The current emphasis of child welfare services is on keeping the family intact by providing comprehensive services.

## Background

### Physical Violence

Domestic violence affects millions of intimate and married relationships yearly in the United States. One nationwide survey found that 28% of couples had experienced violence at some point in their relationship and 3.8% of women living in couples had experienced severe violence in the year of the study.<sup>4</sup> Children also suffer greatly from physical abuse. A recent detailed study of hospital records found less than one-fourth of child homicides to be correctly attributed to child abuse and estimated over 9,000 child deaths yearly in the U.S. to be due to child abuse. African American children were 3 times more likely to die in this way than white children.<sup>5</sup> Despite the heavy burden of suffering caused by violence in domestic settings, providers ask few patients about violence in the course of primary care. A recent survey of primary care physicians found only 9-10% routinely asked about intimate partner abuse during an initial visit or during periodic check-ups. Only 1% of primary care physicians in HMO settings reported screening new patients.<sup>6</sup>

The California Penal Code requires health care providers to report to police all cases in which they provide medical care for an adult who has an injury suspected or known to be due to assaultive or abusive conduct—including abuse of spouse or cohabitant. Providers are required to notify the police by telephone immediately, or as soon as practically possible, and to submit a written report within 2 days.<sup>7</sup>

### Sexual Violence

Approximately 90% of victims of rape and sexual assault are women and 10% are men.<sup>8</sup> In a national telephone survey, approximately 18% of women reported that they have experienced rape at some point in their lives with 3% of women reporting a completed or attempted rape in the preceding year. Most victims of sexual assault are young, with 84% of rape victims being under 24 years of age and 22% under the age of 12 years.<sup>9</sup> One national survey found 27% of women and 16% of men reported some form of sexual abuse while they were children, with the median age being 9.6 years for women and 9.9 years for men.<sup>10</sup>

Children and adolescents who have been sexually abused are more likely to suffer from a number of behavioral and psychological disorders, including excess fearfulness, nightmares, post-traumatic stress disorder, withdrawn behavior, delinquency, substance abuse, depression, and suicidal and other harming behaviors.<sup>11</sup>

Sexual violence victimizes all racial groups. The National Violence Against Women Survey found particularly high rates reported by American Indian/Alaska Native women (34%) and women of mixed race (24%).<sup>9</sup>

### **Health Education Resource Listing**

<b>Title</b>	<b>Format/ Lang.</b>	<b>Program Information</b>	<b>Tele/Fax/E-mail/Internet</b>
Child Abuse Stop The Hurting	Brochure  English	UCLA California Self-help Center 2349 Franz Hall 405 Hilgard Avenue Los Angeles, CA 90024-1563	Phone: (800) 222-LINK
Description: Audience: individuals who were abused as a child or who are fearful about hurting their own child This brochure encourages individuals (who were abused as a child) to join a self-help support group. It also provides a resource number for the California Self-Help Center.			
Cycle of Violence	Fact Sheet  English Spanish	California Department of Health Services Office of Perinatal Health Maternal and Child Health Branch 714 P Street, Room 760 Sacramento, CA 95814	Phone: (916) 657-1338 Fax: (916) 657-3069
Description: Audience: battered women This fact sheet is derived from a set of comprehensive fact sheets in the psychosocial handout section from the “Steps to Take Guidelines for Enhanced Health Education, Nutrition, and Psychosocial Services.” It encourages battered women to leave their batterer and explains the three cycles of violence: tension, violence, and calm.			

<b>Title</b>	<b>Format/ Lang.</b>	<b>Program Information</b>	<b>Tele/Fax/E-mail/Internet</b>
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No One Deserves to be Abused: Help For You or Someone You Care About	Brochure  English Spanish	California Department of Health Services Office of Family Planning  Distributed by: Electronic Data Systems	Phone: (800) 848-7907 Fax: (888) 723-3667
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**Description:**

**Audience:** battered women, their friends or relatives

This brochure reassures that battered women are valuable and are not responsible for their partner's behavior. It provides information on how women can receive assistance. It also discusses how to develop a plan for leaving an abuser, provides information on what to take when leaving their living environment, and also provides advice and counseling suggestions for friends and family members.

No One Has the Right to Hurt You, Even Someone You Love: Questions and Answers for Refugee Women	Brochure Fact Sheet  English Arabic Armenian Bosnian/Croatian Chinese Farsi Hmong Khmer Kurdish Laotian Russian Somali Vietnamese	California Department of Health Services Refugee Health Section 601 North 7 <sup>th</sup> ST, MS 508 PO Box 942732 Sacramento, CA 94234-7320	Phone: (916) 322-2087 Fax: (916) 324-0050
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**Description:**

**Audience:** battered refugee or immigrant women

This brochure defines domestic violence, provides information on where women can go to flee violent living situations, provides information on what they should take with them when leaving their living environment, encourages them to call the police for emergency help, and lists additional resources such as the national domestic violence hotline.

Safety When Preparing to Leave	Fact Sheet  English Spanish	California Department of Health Services Office of Perinatal Health Maternal and Child Health Branch 714 P Street, Room 760 Sacramento, CA 95814	Phone: (916) 657-1338 Fax: (916) 657-3069
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**Description:**

**Audience:** battered women

This fact sheet is derived from a set of comprehensive fact sheets in the psychosocial handout section from the "Steps to Take Guidelines for Enhanced Health Education, Nutrition, and Psychosocial Services." It provides ideas and a checklist for necessary things (such as money, important documents, extra medicines, clothes, child's favorite toy, etc.) when leaving a batterer.

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